



THE HEALTH OF CHELTENHAM

1972

T.O.P.D. LAWSON, M.D., M.F.C.M., D.R.C.O.G., D.P.H.
MEDICAL OFFICER OF HEALTH AND
SCHOOL MEDICAL OFFICER

J.F. URSELL, D.P.A., F.A.P.H.I., F.R.S.H.
CHIEF PUBLIC HEALTH INSPECTOR



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Annual Report on the Health of the Borough of Cheltenham for the Year 1972

*To the Worshipful the Mayor, the Aldermen and Councillors of the
Borough of Cheltenham*

Mr. Mayor, Ladies and Gentlemen,

This will be the second last annual report on the Health of the Borough which I will present. The annual report for next year (1973) will be the 100th and the last. These reports have been presented annually since the first Medical Officer of Health for Cheltenham took up his appointment on the 1st January, 1874. On the 1st April, 1974 the Health Department of the Borough of Cheltenham will no longer exist and the personal health services will no longer be the responsibility of the Local Authority.

Allowing for the small statistical swings which one expects in a population of the size of Cheltenham, the general standard of the Health of the Town has been maintained at the same satisfactory level as in recent years with further advances in some sectors, a little sliding back in others. These minor ups and downs are of no great significance. Over a period of years they usually level out to show a steady improvement. The main exception in this respect is the very appreciable drop in the incidence of measles, the successful result of the introduction of measles vaccination a few years ago.

One notable change, which I have referred to before, and which is effecting the Health Statistics of the town is the steady decrease in the birth rate, a fall of nearly 25% in five years. I think it is now reasonable to assume that the increasing emphasis in recent years on Family Planning is having a noticeable effect on the birth rate and will continue to do so. This could also have a bearing on future infant mortality rates and on child care because, generally speaking, parents who take family planning seriously, and it is being taken seriously, are in the socio-economic class which also takes antenatal, postnatal and child care seriously. One can see in the future, a proportionately larger number of children being born into those families which do not take seriously either family planning, or antenatal, postnatal and child care services. This trend, if it develops can only be counteracted by effective Health Education.

Infectious disease, with the exception of venereal disease, is becoming of minor importance although the increase of venereal disease noted in my last annual report, has not been repeated. On the other hand, it can be said at the time of writing, that next years' report will show an increase in the incidence of measles and this can only be due to a failure to take advantage of measles vaccination. In the case of venereal disease health propaganda is being continued. In the case of measles it is being increased.

Summary of Statistics

Infant Mortality. There were nineteen deaths among infants under one year, two more than for 1971, giving an infant mortality rate of 20. This rate is above the national average for England and Wales (17). A detailed account of the infant mortality is given later in the report.

Tuberculosis. There was a slight fall in the number of notified cases of pulmonary tuberculosis, seven notifications compared with twelve in 1971. There was only one death from the disease.

Lung Cancer. The incidence of this deadly but preventable disease shows little change. There were forty-three deaths from this cause during the year compared with forty the previous year, only a small increase but one likely to continue until smokers are convinced that cigarettes are dangerous.

Cervical Cytology (Cancer of the Womb). Cervical Cytology Clinics have continued throughout the year but in spite of publicity the demand for this test is not as great as one would wish. Sessions are held at two centres in the town supplemented by sessions carried out by the Family Planning Association and the Mobile Stay-Well Clinic. Total examinations done throughout the year totalled 1,498.

Other Vital Statistics. There has been a small increase in the population from 75,500 in 1971 to 75,560 in the current year. There has been a further decrease in the birth-rate from 13.6 per 1,000 population in 1971 to 12.6 in 1972. There has been an increase in the death rate from 11.2 per 1,000 in 1971 to 12.4 in the current year. The national birth rate is 14.8 and the death rate 12.1.

National Health Service Reorganisation. Although the administrative details of the reorganised National Health Service are still not known the shape of the new Health Service is now fairly clear. The National Health Service Reorganisation Bill at present before Parliament proposes the abolition of existing Health Service administrations including the Local Health Authorities. The reorganised Health Service will be administered by the Department of Health and Social Security and will be a Two-Tier Structure, consisting of Regional Health Authorities and Area Health Authorities. All the personal health services at present administered by the Health and Welfare Committee and the School Health Service at present administered by the Education Committee will be transferred to the New National Health Service. The General Practitioners, while maintaining their independent status, will be under the control of a Family Practitioner Committee which will come within the administration of the Area Health Authority. The Personal Social Services and the Environmental Health Services will remain the responsibility of Local Government. The Local situation as far as Cheltenham is concerned will be as follows:—

Although there will be a new Regional Health Authority covering the whole of the South West Region, at present the responsibility of the Regional Hospital Board, the new Cheltenham District Council will look to the new Area Health Authority for the provision of Health Services. This area Health Authority will be co-terminous with the new Gloucestershire County Council, including the County Borough of Gloucester and minus a part of the Southern Area of the present county which will be transferred to the new Avon Authority.

The Area Health Authority will consist of about fifteen members, four of whom will be appointed by the matching Local Authority (Gloucestershire County Council). This is a most important provision as it is vital to the success of the re-organised health services, that there should be the closest collaboration between the Area Health Authority and the matching Local Authority. To this end it is proposed that there will be two Statutory Joint Consultative Committees consisting of members and Officers of the Area Health Authority and the matching Local Authority. The first of these will be concerned with the provision of Health, Social and Child Health, including School Health Services, as they effect both Authorities. The second will be concerned with Environmental Health Services, including housing.

In the Area Health Authority there will be set up a statutory Community Health Council, and its composition is important. Half its members will be appointed by the new District Council, one third will be from Local Voluntary Organisations and about one sixth will be appointed by the Area Health Authority. The Community Health Council will represent the views of the public and its views will be taken into account, and it will be consulted by the Area Health Authority when planning and operating Local Health Services. The Council will have the right to visit hospitals and other institutions and will produce an Annual Report.

Below the level of the Area Health Authority, there will be a District Health Authority consisting of a District Management Team of six officers, a Consultant, a General Practitioner, a District Community Physician, a Nursing Officer, a Finance Officer and an Administrator. They will be responsible for the provision and planning of health services for a Health District, which will be based on a District General Hospital and will cover its catchment area. In Gloucestershire two Health Districts are proposed, one based in Cheltenham and covering the catchment area of the Cheltenham General Hospital, approximately the Northern half of the County. At District level it is also proposed that there will be appointed a "Proper Officer" who will be the Medical Advisor to the District Council and its various departments. He will almost certainly be the District Community Physician, but the District Council will have a say in his appointment, and for that part of his work which he carries out for the District Council, it is proposed that he will be responsible direct to the District Council and not to the Area Health Authority.

The main purpose of reorganisation of the Health Services is to bring all Health Services under one administration, not three as at present, thus providing a unified and integrated service. The new administration takes over on the 1st April, 1974.

I would once again wish to express my thanks to the Chairman and Members of the Health and Welfare Committee for their support throughout the year and to my staff for their loyalty and co-operation. I am particularly indebted to Mr. J.F. Ursell, Chief Public Health Inspector and to my Chief Clerk, Mr. W.H.G. Meakins. I am also grateful again for the support and co-operation which I always receive from the local press.

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SECTION I

ENVIRONMENTAL HEALTH SERVICES

HEALTH AND WELFARE COMMITTEE

Alderman R.F. Brookes (Chairman)
Alderman A.J. Bettridge (Vice-Chairman)

Councillor D.G. Aldridge
Councillor F.L. Bowden
Councillor Miss D. Favell
Alderman C.W.A. Foster
Councillor A.G.K. Frewin

Councillor Mrs. K.M. Godwin
Councillor C.A. Gomersall
Councillor K.J.S. Hammond
Councillor Mrs. S.A. Hickmore
Councillor C.R.F. Hine

Co-opted Members

Mr. A.F. Nutter Mrs. H. Smith Mrs. M.F. Wakefield Dr. W.A. Watt

SCHOOL HEALTH SERVICE

Special Services and General Purposes Sub-Committee

Councillor Miss D. Favell (Chairman)

Mr. F.A. Dellar
Rev. D.J. Donovan
Alderman Miss M.N.P. Dent
Mr. W.A. Gething
Mr. H.G. Godwin
Councillor C.A. Gomersall
Mrs. M.C. Hall

Councillor K.J.S. Hammond
Councillor Mrs. S.A. Hickmore
Councillor W.G. Nawton
Councillor T.M. Ruck
Mr. W. Tiplady
Mr. J.J. Voyce
Councillor A.H. Yates

SUMMARY OF GENERAL AND VITAL STATISTICS 1972

Area of Borough	...	...	...	...	5,146 acres
Population Mid-year 1972 Registrar General's Estimate	...	...	...	...	75,560
Number of inhabited houses (a) Houses and Flats	...	...	...	...	26,001
(as at 31.3.73)	...	...	...	...	6,725
(b) Hotels, Occupied shops etc.	...	...	...	...
Rateable Value (as at 31.3.72)	...	...	...	...	£3,951,179
Sum represented by a new penny rate (1972 - 73) Estimated	...	...	...	...	£ 38,691

**TABULAR STATEMENT OF THE MAIN VITAL STATISTICS
FOR 1972**

(with comparative figures for England and Wales)

	M.	F.	Total	Cheltenham	*England and Wales
LIVE BIRTHS					
Legitimate	452	408	860		
Illegitimate	53	41	94		
TOTALS	<u>505</u>	<u>449</u>	<u>954</u>		
Rate per 1000 population				12.6	14.8
ILLEGITIMATE LIVE BIRTHS					
Percent of total live births	53	41	94	10%	9%
STILL BIRTHS					
Legitimate	5	1	6		
Illegitimate	-	-	-		
TOTALS	<u>5</u>	<u>1</u>	<u>6</u>		
Rate per 1000 total live and still births				6	12
TOTAL LIVE AND STILL BIRTHS	510	450	960		
INFANT DEATHS (Deaths under 1 year)					
Legitimate	9	5	14		
Illegitimate	2	3	5		
	<u>11</u>	<u>8</u>	<u>19</u>		
INFANT MORTALITY RATES					
Total infant deaths per 1000 total live births				20	17
Legitimate infant deaths per 1000 legitimate live births				16	17
Illegitimate infant deaths per 1000 illegitimate live births				53	21
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births)				15	12
Early neonatal Mortality Rate (deaths under 1 week per 1000 total live births)				13	10
Perinatal Mortality Rate (Still births and deaths under 1 week combined per 1000 total live and still births)				19	22
MATERNAL MORTALITY					
(including abortions)					
Rate per 1000 total live and still births				-	0.15
DEATHS (All ages)					
Rate per 1000 population	412	525	937	12.4	12.1

NOTE: The figures for births and deaths are corrected for inward and outward transfers in order that the statistics may give as true a picture as possible of local conditions.

* Estimated Mid-Year Home Population 49,028,900

NOTES ON VITAL STATISTICS FOR 1972

Population

The Registrar's estimate of the population of Cheltenham for mid-year 1972, is 75,560 which is 60 more than the estimate for 1971.

Death Rate

The Crude Death Rate was 12.4 a higher figure than that of last year. The corrected Death Rate (Registrar's comparability factor 0.87) was 9.8 which is below the figures for England and Wales.

Birth Rate

Live births in 1972 totalled 954 which is 76 less than the figure for the previous year.

The Birth Rate was 12.6 and is 1.0 lower than the figure for 1971. The Registrar now provides a comparability factor for birth rates. For Cheltenham this factor is 1.0 which gives a rate of 12.6 compared with 14.8 for England and Wales.

The number of Still Births per 1000 live and still births, was 6 compared with 12 for England and Wales.

Causes of Death relating to Cheltenham Residents as given by the Registrar General for the year 1972:—

	M	F
Other Infective and Parasitic Diseases	—	1
Tuberculosis, respiratory	1	—
Malignant Neoplasm, Buccal cavity, etc.	2	—
Malignant Neoplasm, Oesophagus	3	2
Malignant Neoplasm, Stomach	5	10
Malignant Neoplasm, Intestine	10	16
Malignant Neoplasm, Lung, Bronchus	36	7
Malignant Neoplasm, Breast	1	22
Malignant Neoplasm, Uterus	—	5
Malignant Neoplasm, Prostate	7	—
Other malignant neoplasms	14	27
Benign and unspecified Neoplasms	1	—
Leukaemia	3	1
Diabetes Mellitus	3	5
Other Endocrine etc. diseases	1	2
Anaemias	2	2
Meningitis	1	1
Other Diseases of the nervous system, etc.	5	5
Chronic Rheumatic Heart Disease	3	7
Hypertensive disease	1	3
Ischaemic Heart Disease	136	128
Other forms of heart disease	28	56
Cerebrovascular disease	38	103

	M	F
Other diseases of the circulatory system	18	21
Influenza	2	1
Pneumonia	23	42
Bronchitis and Emphysema	24	6
Other diseases of respiratory system	6	6
Peptic Ulcer	5	1
Intestinal Obstruction and Hernia	1	1
Cirrhosis of Liver	3	1
Other diseases of the Digestive System	1	9
Nephritis and Nephrosis	—	1
Hyperplasia of Prostate	4	—
Other diseases, Genito-Urinary System	2	2
Diseases of Skin, Subcutaneous Tissue	—	1
Diseases of Musculo-Skeletal System	1	1
Congenital Anomalies	4	5
Birth Injury, Difficult Labour, etc.	1	3
Other causes of Perinatal Mortality	3	2
Symptoms and ill-defined Conditions	—	6
Motor Vehicle Accidents	4	2
All other accidents	5	5
Suicide and self-inflicted injuries	1	5
All other external causes	3	1
	<u>412</u>	<u>525</u>

DISCUSSION

The chief causes of death remain unchanged, degenerative diseases of the heart and arteries especially coronary thrombosis, and the cancers. Many of these diseases are preventable but prevention in many cases means change of habits inimicable to healthy living and this is the most difficult form of preventive medicine or health education. Obvious examples are lung cancer caused by cigarette smoking and obesity with all its attendant dangers to health, caused by overindulgence and lack of exercise.

The killer diseases, as they used to be known, have now largely disappeared either as a result of preventive inoculation, or the therapeutic revolution of the antibiotics or by swift, safe surgery. As a result we have a rapidly ageing population, 1½ million old age pensioners in 1900 will have increased to 7½ million by the end of the century. This has brought about a complete change in the pattern of disease. In very general terms there is now no acute mortality under the age of 45. But we have thousands of frail elderly chronic sick who are making a demand on the health services, which has not yet nearly reached its peak and for which there is not adequate provision. This might be called the geriatric revolution and priorities will have to be adjusted to deal with it.

One of the hopeful aspects of the reorganisation of the health services is that in each Health District there will be Health Care Planning Teams to provide for specific categories of those in need. Provision of such teams for the care of the elderly chronic sick should have a first priority.

Infant Mortality There were 19 infant deaths during the year compared with 17 in the previous year but with a further significant drop in the number of births, the infant mortality rate i.e. the number of deaths in the first twelve months per 1000 live births is three points up on last year and above the national average. For the reasons already stated this upward trend may continue.

The causes of the 19 infant deaths were as follows:—

	<i>Neonatal</i> 0-4 weeks	4wks - 1 yr.	Total
Prematurity (Stated or considered to be Main cause of death)	7	—	7
Respiratory Disease	2	3	5
Congenital Defects	4	—	4
Cerebral haemorrhage	1	2	3
	<u>14</u>	<u>5</u>	<u>19</u>

The main causes of the 19 infant deaths were, as usual, prematurity and congenital defect. Prematurity played a part, although not the main part, in more than seven deaths attributed to this cause. Again the most vulnerable period was in the first four weeks, 17 out of 19 deaths occurring within this period.

WATER SUPPLY OF THE BOROUGH

The following report has been received from the North West Gloucestershire Water Board:

The Borough of Cheltenham has been supplied mainly from the Tewkesbury source, with smaller quantities from Dowdeswell, Northfield and Sandford.

Tewkesbury

Bacteriological examinations 96 samples of untreated raw water (River Severn) were examined; all contained large numbers of coliforms including *E. coli*, indicating a marked degree of bacterial pollution.

781 examinations of the final water were made, of which 778 (99.6%) were completely satisfactory. A further 395 samples from intermediate stages of treatment were also examined.

Chemical and Biological examinations During the year, 6548 chemical analyses and 662 biological examinations were made for the purpose of treatment and quality control.

Dowdeswell Of 46 samples of raw water examined bacteriologically, 45 contained coliforms; 48 samples of final water were all completely satisfactory.

A further 84 bacteriological samples from intermediate stages of treatment were also examined.

81 chemical analyses and 46 biological examinations were made for the purpose of treatment and quality control.

Northfield Of 43 samples of raw water submitted for bacteriological examination, 21 contained coliforms; 47 samples of final water were examined, 46 of which were quite satisfactory.

66 chemical analyses were made for treatment and quality control.

Sandford Of 44 samples of raw water submitted for bacteriological examination, 9 contained coliforms; 46 samples of final water were all completely satisfactory. 66 chemical analyses were made for treatment and quality control.

Continuous checks for contamination of these sources by heavy metals and cyanide have given completely satisfactory results.

265 samples from consumers' taps within Cheltenham were taken for bacteriological examinations, source identification and residual chlorine levels. 22 unsatisfactory bacteriological results were cleared on re-examination. Intermittent checks at consumer premises showed no incidence of plumbo-solvency.

Flouride Levels The natural flouride values for the Cheltenham supply have varied as follows:—

	<u>Maximum</u>	<u>Minimum</u>	<u>Average</u>	
Tewkesbury	0.33	0.14	0.21	Mg/l F
Dowdeswell	0.25	0.21	0.23	"
Northfield	0.11	0.05	0.09	"
Sandford	0.22	0.17	0.19	"

With reference to the above figures and for the benefit of Members who may not be aware of fluoridation of water supplies for the prevention of dental decay, the Department of Health has recommended Local Health Authorities to adjust these values to 1.00 parts per million. This would reduce dental decay by up to 60 per cent.

Radioactive Contamination The level of artificial radioactivity has remained extremely low in the water supply and is virtually undetectable. Similar monitoring of rain water contamination has given very low levels although it was just possible to detect Chinese and French explosions.

Rainfall during 1972 (taken at Sandford Waterworks):— 61.87 m.m.

SEWERAGE AND SEWAGE DISPOSAL

The arrangements for sewerage and sewage disposal in the Borough are reasonably adequate.

Good progress is being made with the extensions to the Sewage Treatment Works, and design work is well in hand in connection with the re-construction of the Chelt Main and Hatherley Trunk Sewers.

SWIMMING BATHS

There are two public swimming baths in the town, a covered bath and an open-air pool. In both cases the source of the water used for filling is the mains supply and the method of treatment is filtration and automatic chlorination. In the covered baths there is a complete change of water every four hours, both in the main pool and the instructional pool. In the open air pool there is a complete change every six hours.

Regular samples of water from the swimming baths are submitted for bacteriological examination. They showed that a satisfactory standard had been maintained throughout the year. The Chief Public Health Inspector arranges for the routine collection of samples by the inspectors. These samples are sent for examination to the Analyst, Mr. Brandon, at Tewkesbury, and reports are submitted to the Public Health Committee.

At the new Pittville Swimming Pool the very latest techniques for the chemical and physical purification of the water are in use, and all samples taken for examination, have given results of the highest standard. Standards of hygiene in this very modern swimming pool are also a credit to the Baths Manager and his staff.

MILK (SPECIAL DESIGNATION) REGULATIONS

During 1972, licenses to use special designations in relation to milk sold within the Borough totalled one hundred and sixty four.

Samples are taken fortnightly for analysis and the reports are submitted to the Health Committee.

Very few results during 1972 failed to satisfy the standards of the Department of Health.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The following statement shows the corrected number of cases notified during 1972:— (Tuberculosis is dealt with separately)

Infective Jaundice	...	...	...	...	...	2
Measles	...	...	...	...	...	24
Meningitis	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	1
Typhoid Fever	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	1

Statistics

The most significant feature of the above statistics is the further reduction in notified cases of measles. There is no doubt that this disease can be wiped out completely, given a satisfactory response to vaccination, by parents. Notifications received after 31st December 1972 show that this is not yet being achieved and next years results will not be so satisfactory. A further effort will have to be made to encourage parents to accept this preventive measure, and so remove one more infectious disease from the Community.

The notification of Typhoid was in respect of a holiday maker recently returned from abroad. The patient was not a Cheltenham resident but was admitted from the County Area to the Cheltenham General Hospital where the diagnosis was made and notification submitted to the Cheltenham Authority. I would repeat what I have said in a previous Annual Report that before visiting certain European Countries it is still advisable to have protective inoculation against typhoid, although there is no compulsion to do so. Fortunately in this case the patient made a good recovery and there were no other cases.

VENEREAL DISEASES

The following report has been received from Dr. A.E. Tinkler, M.A., M.D., D.P.H., Consultant Venereologist, South Western Regional Hospital Board.

The number of new patients seen at the Special Clinic, Cheltenham, in 1972 increased by 20% over the previous year.

TABLE 1. New Cases. All Conditions. Cheltenham Clinic 1970 - 1972

Year	Syphilis		Gonorrhoea		Other Conditions		Total	
	M	F	M	F	M	F	M	F
1970	1	—	33	16	153	96	187	112
1971	2	2	55	26	209	147	266	174
1972	4	—	57	23	279	166	340	189

Syphilis

The incidence of this serious disease remains low in the town, only 2 new cases in the early infectious stage of the disease were seen in 1972. In both cases the infection was contracted outside the county.

Gonorrhoea

In 1971 there was a very disturbing increase in the number of cases of this disease seen at the Cheltenham Special Clinic. Fortunately this trend did not continue in 1972 when the total number of new cases showed no significant increase over the previous year.

TABLE 2. Gonorrhoea Cheltenham Clinic 1970 - 1972

Year	Male	Female	Total
1970	33	16	49
1971	55	26	81
1972	57	28	85

The number of young persons, especially young females, requiring treatment for this infection continues to give cause for concern. In 1972 7% of male cases and 36% of female cases were under 20 years of age.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS

There were no notifications of food poisoning during the year.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS 1952

Notifications of tuberculosis during the period from 1st January to 31st December, 1972:—

Respiratory (Males) ...	...	...	...	...	...	...	...	...	4
Respiratory (Females) ...	...	...	...	...	...	...	...	...	3
Non-Respiratory (Males) ...	...	...	...	...	...	...	...	...	—
Non-Respiratory (Females) ...	...	...	...	...	...	...	...	...	—

Deaths from tuberculosis during the above-mentioned period:—

Respiratory (Males) ...	...	...	...	...	...	...	...	...	1
Respiratory (Females) ...	...	...	...	...	...	...	...	...	—
Non-Respiratory (Males) ...	...	...	...	...	...	...	...	...	—
Non-Respiratory (Females) ...	...	...	...	...	...	...	...	...	—

Death Rates. The tuberculosis death rates for Cheltenham during 1972 were as follows:—

		Pulmonary Tuberculosis	0.01	} Per 1,000 of Population
		Non-Pulmonary Tuberculosis	0.00	
			0.01	
Comparative Figures, England and Wales	Total		0.03	

There were 7 new cases of respiratory tuberculosis notified during the year. There were 12 in 1971. There was 1 death from the disease, the same figure as for the previous year. The incidence of the disease in the town and the death rate continues to be very low.

The following report has been received from Dr. F.J.D. Knights, M.D., M.R.C.P., Senior Chest Physician, North Gloucestershire Clinical Area.

In 1972 eight new cases of tuberculosis were notified in Cheltenham Borough, and all were handled by the Chest Clinic Services. They are analysed as follows:—

Abdominal Orthopaedic Cervical Glands	Primary or post-primary infection	Minimal phthisis	Moderate phthisis	Advanced phthisis	Total
1	2	1	3	1	8

3 of the cases were referred by their General Practitioner, and 5 were referred by other hospital departments.

Contact Examination. Arising out of these notifications 65 adult contacts were called for examination and 56 attended, 28 children were called, of whom 9 were B.C.G. vaccinated, 2 were tuberculin positive, but clinically well.

HOUSING

The following is the number of cases dealt with during the year:—

Number of cases rehoused because of tuberculosis	Nil	(Nil)
Number of cases rehoused from houses on which a demolition or Closing Order was operative or certificate of unfitness issued	16	(26)

The 1971 figures are shown in brackets.

**REGISTRATION AND INSPECTION OF NURSING HOMES
SECTIONS 187 – 194, PUBLIC HEALTH ACT, 1946**

At the end of 1972 there were 7 Nursing Homes on the Register.

The total number of beds available at the end of the year was 99: no beds are now available for maternity cases.

Private Nursing homes in Cheltenham still provide a most valuable addition to the accommodation available for sick persons.

Many of the homes provide mainly for old persons and help in no small way to solve a problem which yearly becomes more difficult.

Visits were paid to all Nursing Homes on two or more occasions during the year.

SECTION II

National Health Services Act, 1946

PERSONAL HEALTH SERVICES

SECTION 21 Health Centre

There has been a small decrease in the attendances at the Health Centre during the year. Attendances vary each year according to the demand on the medical services in the area. The centre continues to make useful and convenient provision for general medical and Local Authority health services.

The following table shows the numbers attending the Centre during the year:—

General Practitioner Consultations	Treatment and Casualties	Child Health Clinic	Toddlers	Total
18,517	3,708	2,991	180	25,396

SECTION 22 Care of Mothers and Young Children

Child Health Clinics. These are held weekly throughout the town as follows:—

St. Michael's Hall, Whaddon Road	...	...	...	...	Thursday
St. Paul's Hall, Swindon Road	...	...	...	...	Tuesday
Hester's Way Health Centre	...	...	...	...	Tuesday and Thursday
Bethesda Church Hall	...	...	...	...	Wednesday
Highbury Church Hall	...	...	...	...	Tuesday
Leckhampton Church Hall	...	...	...	...	Friday
Gloucester Road Methodist Sunday School	...	...	...	...	Wednesday
Windermere Child Health Clinic	...	...	...	...	Thursday

Toddler sessions for older children are held separately or in conjunction with these clinics.

Records of attendances are as follows:—

No. of Clinics provided	...	...	...	...	...	8
No. of children born in 1972 who attended a Clinic during the year	...	...	...	...	...	642
Total No. of children who attended a Clinic during the year	...	...	...	...	...	2,553
Total attendances made:—						
Children born in 1972	...	...	...	...	...	3,735
Children born in previous years	...	...	...	...	...	7,710

Two changes were made in the running of the Child Health Clinics during the year. Firstly, after a two year survey of Clinic Attendances, it was decided to reduce the number of doctor sessions by half at the following clinics, Leckhampton, Bethesda, Highbury, St. Paul's and Gloucester Road. At these clinics, the number of sessions remains the same, once weekly, but a doctor attends at alternate sessions only, the other sessions being attended by Health Visitors.

The second innovation was the introduction of an appointments system, mothers being asked to attend the Child Health Clinic by appointment. This has proved much more economical in doctor time, the most expensive part of Health Clinic administration, it lets the mother know at what time she can see the doctor, and avoids waiting time, and makes for more efficient planning of the clinic session. No mother who needs to see the doctor is refused, because she does not happen to have an appointment. The new system got off to a slow start and there were some initial difficulties but in nearly all the centres it is now functioning smoothly.

Welfare Food Centre. The distribution of welfare foods, National Dried Milk and vitamin supplements is carried out from the Welfare Food Centre at the rear of the Municipal Offices in Royal Well and from all Child Health Clinics in the Borough.

Family Planning Clinic. This service is provided by the Cheltenham Branch of the Family Planning Association as the Council's agents. The service is provided free to all applicants for family planning on medical grounds and in approved social cases. The clinic is run by professional staff in modern well equipped premises and is extensively used, as shown by the following statistics:—

281 Sessions were held for General Contraceptives and 53 for I.U.D. only.

787 New patients attended and patient visits throughout the year numbered 5,408 making an increase of 710 over the proceeding year.

Care of the unmarried Mother and Child. This service is provided by the Cheltenham Deanery Association for Social Work who act as the Council's agents. Cases are referred to the Association by Health Visitors, Social Workers and others, and help is provided to cover the ante-natal period, the confinement and after the baby is born.

The number of cases dealt with in Cheltenham during the year was 52. There were 94 illegitimate births out of a total of 954 births, a percentage illegitimate birth rate of 10% representing a decrease on the previous year.

Dental Treatment for Expectant and Nursing Mothers and Pre-School Children. Miss Laister continued with her visits to Child Health Clinics and playgroups until her resignation at the end of March. As a result some of the Clinics have not been visited this year.

Mr. Stone has spoken to Social Groups and continued with a series of lectures to trainee nurses at the School of Nursing attached to the General Hospital.

The number of pre-school children inspected and treated during the year was a little below that of the level of last year. The number of teeth filled was about the same and fewer teeth were extracted.

					<i>Children</i>		<i>Mothers</i>	
					<i>1972</i>	<i>1971</i>	<i>1972</i>	<i>1971</i>
Number inspected	...	...	...	...	151	174	14	19
Number requiring treatment	...	...	...	...	125	131	14	18
Number treated	...	...	...	...	125	129	17	20
Number re-inspected	...	...	...	...	21	17	2	4
Total visits for treatment	...	...	...	...	246	294	65	65
Courses of Treatment completed	...	...	...	...	111	91	13	16
Teeth filled	...	...	...	...	227	223	49	34
Teeth extracted	...	...	...	...	133	172	23	53
General Anaesthetics administered by								
Dental Officers	...	...	...	...	48	49	-	-
Consultant Anaesthetist	...	...	...	...	12	25	3	6

Care of Premature Infants. The number and death rate of premature infants used to be a problem in Cheltenham but it is no longer so. The number of premature live births has fallen as compared with 1971. The premature still births show a slight increase over last year. The figures are as follows:—

No. of Premature Live Births notified:

(a) In hospital	...	...	...	...	70
(b) At home	...	...	...	...	-

No. of Premature Still Births notified:

(a) In hospital	...	...	...	...	5
(b) At home	...	...	...	...	-

Particulars of deaths and survival rates of premature live babies are shown in the table on page 24.

Notification of Births. The following table shows the actual number of births notified in Cheltenham during the period 1st January to 31st December, 1972 and the number is adjusted by any notifications transferred in or out of the area:

	Adjusted Live Births	Adjusted Still Births	Total Adjusted Births
1. Domiciliary	37	—	37
2. Institutional	910	7	917
3. Total	947	7	954

As already stated, the Birth Rate continues to fall fairly steadily; as also does the number of babies born at home. The number of domiciliary births represents only 3.8 per cent of all Live Births in the town. We now have of course, a general practitioner maternity unit at the maternity hospital where mothers can have their babies attended by their own family doctor and the domiciliary midwife. There is also a system of approved early discharge of mothers from the maternity hospital and most of the work of the domiciliary midwives is concerned with the care of early discharges at home.

Nurseries and Child Minders Regulations Act 1948, as amended by the Health Services and Public Health Act, 1968. On 31st December, 1972 there were 44 private child minders looking after 256 children and 9 private day nursery/playgroups looking after 273 children. Although the majority of these places is taken up by children whose parents both go out to work, this is not entirely so, and this private sector provision takes considerable pressure off our own nurseries.

The only means of meeting this demand adequately is the provision by the Education Authority of nursery schools but there does not seem to be any immediate prospect of this in Cheltenham.

The implementation of the above Regulations is the responsibility of the Social Services Department of the County Council under the Social Services Act, but at the request of the Director, the Health Department Staff in Cheltenham has continued to supervise these services temporarily.

Problem Families Committee. The work of this Committee has continued throughout the year at their meeting every three months, and the attendance and support of all the officers concerned has been of great value in dealing with many of our problem families.

At the end of the year 15 problem families were under review. The Committee meets every three months for report, discussion and decision as necessary. The following departments are represented:—

Housing, Education, Social Services, Probation, Health and Social Security, and N.S.P.C.C.

When necessary other professional officers are invited to attend.

SECTION 23 Midwifery Services

Ante-Natal Clinics. Ante-Natal Clinics are held at Cheltenham Maternity Hospital and Hesters Way Health Centre. At the Health Centre the clinics are attended by

family doctors and midwives. Hospital staff, family doctors and midwives are in attendance at the clinics held at the Maternity Hospital.

Relaxation classes are held at the Maternity Hospital and conducted by a physiotherapist; health education talks are given by health visitors and midwives to expectant mothers.

Maternity beds for hospital confinement are allocated for medical and social reasons. Each applicant is visited by a midwife who makes an assessment of the need for institutional confinement in all cases where the reason for the application is other than medical. Institutional confinements take place at the Maternity Hospital, but occasionally when accommodation is over booked, some cases are transferred to Cirencester or Stroud Maternity Hospitals.

Domiciliary Midwifery. The domiciliary midwifery staff is up to establishment and is providing a service for mothers who still wish to have their babies at home or in the General Practitioner Unit; a service is also provided for the increasing number of mothers who wish for an early discharge after their hospital confinement.

The General Practitioner unit at the Maternity Hospital is a unit of 8 beds where patients are attended by their family doctors and midwives; the hospital consultant staff are readily available if required. The unit provides a more informal atmosphere for the mother; she has the care of her own doctor and midwife but has the security of the hospital services and to date this has been a popular arrangement with the mothers.

SECTION 24

Health Visitors. The pressure on the Health Visiting Service continues to increase and we never seem to have enough Health Visitors to cope with the work. Following a request for additional staff, permission was given to increase the establishment by one Health Visitor bringing the total to one Area Nursing Officer and 15 Health Visitors. However case loads per Health Visitor are still above the maximum and the duties cannot be adequately covered. Further representations will be made to increase the staff, which has only been increased by one in the last five years.

The work done by the Health Visiting Staff is shown in the following table which although it includes work done by Health Visitors on attachment to General Practitioners does not include such items as field work instruction, training and hospital attachment.

During the year the Superintendent of Midwifery and Home Nursing Services, Miss Twemlow, resigned to take up a more senior post in the south part of the county. The opportunity was taken up to reorganise the nursing services in accordance with the Mayston Report. With the approval of the Health and Welfare Committee, Miss Bevan, Superintendent Health Visitor, was appointed Area Nursing Officer in charge of the Health Visiting Midwifery and Home Nursing Service in Cheltenham. This is an "acting" appointment until reorganisation on 1st April, 1974.

Number of cases visited during the year	...	...	6,696
First visits to infants under 1 year of age	...	...	1,052
First visits to other infants under 5 years	...	...	2,930
Visits to persons 65 and over	...	...	1,451
Visits to mentally disordered persons	...	...	227
Tuberculosis visits	...	...	65
Investigations of Social Conditions for Hospitals, visits to sick persons, old people, etc.	...	...	219

SECTION 25

Home Nursing. The demand on the Home Nursing Service has increased during the year, but fortunately we have never had any difficulty in maintaining a full establishment, including male home nurses and bathing attendants and they all cope admirably with the increasing number of elderly people in the town. Some are attached to general practitioners. The integrated training scheme for the SEN (State Enrolled Nurse) qualification is operating satisfactorily. The training is carried out jointly by the Home Nursing Service and the Cheltenham General Hospital.

Work carried out during the year is shown as follows:—

Number of cases on books, 1st January, 1972	...	...	...	481
Number of cases on books, 31st December, 1972	...	...	...	475
General Nursing :				
New cases of all types	...	...	...	1,882
Visits to all general patients	...	...	...	51,197
Visits by Bathing Attendants (approx)	...	...	...	5,460

SECTION 26

Vaccination against Smallpox. On the advice of the Department of Health and Social Security, vaccination against smallpox is no longer recommended as a routine procedure in early childhood, and we do not now offer it to parents. The Department has accepted the advice of the Joint Committee on Vaccination and Immunisation that this procedure is now no longer necessary in view of the much reduced risk of smallpox being introduced into this country, because of the success of eradication programmes overseas. But all travellers to and from countries where smallpox is still endemic should still be protected by recent vaccination. The same applies to all health service staff likely to come into contact with the disease. They should be vaccinated and offered regular re-vaccination.

Vaccination against Diphtheria, Whooping Cough and Tetanus. Protection against these diseases begins after the 3rd month and is given by a triple (Combined) vaccine. With the exception of Whooping Cough, it is repeated at 5 years of age. A further tetanus booster is given at about 15 years.

The following figures show the number of completed courses carried out during the year and the number of booster doses:—

	<i>Tetanus</i>	<i>Diphtheria/ Tetanus</i>	<i>Diphtheria/ Whooping Cough/ Tetanus</i>
Completed Courses	232	87	973
Boosters	531	871	163

Vaccination against Poliomyelitis. Protection against poliomyelitis is given at the same time as the triple vaccine but is given by mouth.

During the year a total of 1,132 children between the ages of 6 months and 15 years received a complete course; Booster doses covering this age group numbered 1,802.

Vaccination against Measles. This has been the most successful year for measles vaccination. Twenty four notifications of the disease must be a record for the town. Only two years ago there were 631 cases. This can only be the result of measles vaccination and if maintained, should wipe out the disease, but it can be said at the

time of writing (July 1973) that it will not be maintained next year. Up to July, 1973, there have been 426 notifications of the disease. This is not only disappointing but surprising, and an investigation is being carried out.

890 children were protected against the disease during the year.

Vaccination against Rubella. Vaccination against Rubella (German Measles) began during 1970 in girls aged between 11 and 14 years. The Rubella virus can have a very damaging effect on the unborn child if the mother contracts the disease, or is exposed to infection, especially during the first three months of pregnancy, or even later. The result for the child can be disastrous, blindness, deafness, defects of the heart, mental subnormality, and other developmental abnormalities.

For many years expectant mothers, exposed to infection have been treated by a specific injection (gamma globulin) but it is doubtful if this is always effective. The new vaccine, while not preventing the disease in the mother, protects the foetus against the damaging effects of the virus. If every girl could be vaccinated before child-bearing age, this would result in a considerable reduction in the large number of children born every year with physical and mental defects, as well as reducing the anxiety and hardship which such births cause in the family.

The availability of the vaccine has been made known to parents and it is hoped there will be a good response. It can be given at school clinics or by the family doctor. During the year 550 school girls were vaccinated.

There is no reason why rubella vaccination should not be offered to the older age groups in the female population exposed to the disease but there is a risk which must be fully appreciated.

There is a possibility that live attenuated rubella virus administered during pregnancy could infect and damage the foetus, producing congenital abnormalities. Therefore pregnant women must not be vaccinated and pregnancy should be excluded before vaccination is undertaken. This danger to the developing foetus equally applies in the case of a pregnancy conceived within two months following vaccination. Women of child bearing age must be warned that for at least two months after vaccination they must take strict contraceptive precautions. If there is any possibility that they may become pregnant within this period they should not be vaccinated.

Rubella vaccination, with a full explanation of the risk involved, was offered to the female teaching staffs in the schools but understandably, the response was not great. There is still no great demand among school staff.

Vaccination against Tuberculosis. Details of B.C.G. vaccination will be found in the report on the School Health Service.

During the year vaccinations for the most part have shown an increase and this is largely as a result of continuing health education by all members of the medical and nursing staff. The importance of vaccination and immunisation is constantly brought to the notice of the public by doctors, health visitors and all those concerned with the health and welfare of the community.

The vaccination programme is being maintained at a satisfactory level with the continuing assistance of modern methods, like the computer. Serious infectious disease is no longer a public health problem.

SECTION 28

Prevention of Illness, Care and After-Care

Tuberculosis. The need for community care of the tuberculosis patient is now very much reduced because of the much lower incidence of the disease. Financial assistance

is available from the Ministry of Social Security, and supportive services where required are provided by health visitors who co-operate with the hospital in tracing contacts of new cases. Financial assistance can also be provided in cases of need by the after Care Committee for diseases of the Chest and Heart, a voluntary body which has helped tuberculosis patients in the town for many years, and which now makes similar facilities available for people suffering from any disease of the heart or chest.

Cervical Cytology. One cervical cytology clinic is held per week but these are increased according to the size of the waiting list. The site of the clinic also alternates between the St. George's Road Clinic and the Hesters Way Health Centre, according to the size of the waiting list at either place. We do not refuse any applicants and these services are well advertised, but there is still not the demand one would expect.

1,498 examinations were carried out during the year. This figure includes all examinations done in Cheltenham at our own clinics, at the Family Planning Clinic and by the Mobile Stay Well Clinic.

General. The general work of the Health Department in the prevention of illness, care and after-case, although a delegated function under the scheme, is very much a joint effort between our own staff, Health Visitors, Home Helps, District Nurses, etc; and other bodies, such as the Department of Social Security, Women's Voluntary Service, Red Cross the Social Services, Cheltenham Old Peoples Welfare Association and the Chest and Heart Committee already mentioned. The Hospital authority and the family Doctors are very closely associated in this work especially as it concerns the care of patients discharged from hospital and the welfare of old people, and altogether it is this co-operative effort which achieves results. Cheltenham is also very fortunate in the amount of voluntary effort put into this work, and we co-operate with many other voluntary bodies.

I need only mention the Local Spastics Committee who run their own excellent school for spastic children, the Cheltenham Branch of the Infantile Paralysis Fellowship, the Cripples' Aid Committee, the Muscular Dystrophy and Multiple Sclerosis Group, and the Cheltenham Sports Association for the Disabled, who arrange for the weekly swimming sessions for handicapped persons at Pittville Swimming Pool, and many other voluntary organisations, in the town. The Cheshire Home fulfils a much needed function in providing residential accommodation for the younger chronic sick and physically handicapped but much more of this type of accommodation is required.

Sick room equipment is available on loan when required for patients being nursed at home. Large items, such as wheel chairs, etc; can be obtained from the Red Cross at a small charge.

It is very important that all this voluntary work should be appreciated and utilised in the reorganised National Health Service. In this respect Cheltenham has a lot to offer. Provision for this kind of participation has been made by the proposal to set up a Community Health Council for each Area Health Authority and one third of the members will be selected from Local Voluntary Organisations.

Chiropody Service. The Cheltenham Old Peoples' Welfare Association provides a Chiropody Service for the town on the Council's behalf. The service is administered by a part-time clerk who is responsible for arranging appointments and where necessary, transport together with payment of Chiropodists fees. There are six chiropodists employed part-time in the service, three working from their own surgeries and three from the Chiropody Surgery situated at the rear of the Municipal Offices.

Sessions are held at this surgery every Wednesday and Friday morning, and Tuesday and Thursday afternoons, the Chiropodists working on a pro-rata basis and also every other Monday afternoon, the Chiropodist in this case working on a sessional basis. The other three chiropodists are paid on a pro-rata basis. Greater use would, of course, be made of this surgery if more chiropodists holding the qualifications laid down by the Department were available.

The cost of this service is paid for by the Gloucestershire County Council, the money being estimated for and paid through the Welfare and Health Committee of the Borough Council under their delegated duties.

The following is a summary of the work carried out during the year:

Number of treatments at clinics and centres	...	...	2,531
Elderly	...	...	2,462
Physically Handicapped	...	...	69
Expectant Mothers	...	...	—
Domiciliary at Patient's own home	...	...	226
Number on Register 31st December 1972	...	...	984
Number awaiting appointments on 31st December 1972			286

The above figures represent an appreciable increase in the number of patients treated in the previous year, but more could be treated and treated more often if we could get more qualified chiropodists. The number awaiting appointments (286) is largely made up of patients already seen on one or more occasions and awaiting further follow-up treatment. Emergency cases are always given priority.

It has been suggested that we should appoint full time chiropodists. The work load in Cheltenham could be carried by one full time chiropodist but should we be able to recruit one and, as might easily happen, he left, and we had difficulty in replacing him, we would be worse off than ever. However, the suggestion is a reasonable one and has been adopted by the County Health Authority. It could be considered again after reorganisation when all the chiropody services in the County will be provided by the Area Health Authority and it might be possible to have an Area Establishment of full time chiropodists who could relieve each other when necessary. Meantime we have six part time chiropodists who are serving the town well and are giving us the maximum time they can spare. At the moment it would probably be unwise to put this very essential service at risk.

SOCIAL SERVICES

Mr. H.D. Nichols, Director of Social Services, has kindly supplied the following information concerning the social services of Cheltenham Old People in residential accommodation in the area, as at 31st December, 1972

The Social Services Committee of the County Council is now responsible for providing the various services previously provided by the Children's Health and Welfare Committees e.g. Social Work, Domiciliary and community care and residential services for children, mentally and physically handicapped and elderly persons.

For day to day field work services to the public, including the home help service, social work support, domiciliary occupational therapy, certain statutory supervision responsibilities and liaison with local voluntary and statutory agencies, the County has been divided into 5 areas, one of which covers Cheltenham Borough, Tewkesbury Borough, Charlton Kings Urban District, Cheltenham Rural District, Northleach Rural District and North Cotswold Rural District with a total population of 165,000.

The Home Help Service is supervised by an Area Organiser through three District Home Help Organisers who are responsible for over 230 home helps. During an average month they provide domestic help in about 1,025 households. Most of the people helped are elderly but some are chronically sick or physically handicapped and a few mentally disordered. Help is also given in certain maternity cases and during the short term illness or hospitalisation of the mother. The Home Help Service also aids one-parent families and assists in households where standards are poor and an element of guidance is needed. The service also provides night sitters and laundry services and will organise extensive cleaning operations in homes where conditions have sunk to a very low level.

Two full-time Occupational Therapists, and one part-time, in the Cheltenham Area Office provide aids for daily living for the physically handicapped, to help them with cooking, feeding, dressing and similar activities. The aids and equipment provided range from the complex 'Possum' and hoists for getting into and out of bed and specially adapted kitchen equipment to very simple things like bath seats or long handled combs. The Occupational Therapists also advise on adaptations to accommodation and help people practise certain crafts both at home and in a Day Centre which is open once a week. Occupational Therapists are at present in touch with about 270 people through their home visiting.

There are 25 Social Workers, together with a number of trainee and assistant social workers, in the Cheltenham Area office. They are willing to listen to individuals who feel they have a problem or who are in difficulty; they strive to understand the situation as it appears to the person in trouble and offer support, both emotional and practical, in the hope of enabling the individual to surmount the problem. Each month upwards of 300 new requests for help are received.

On the Community Care side Cheltenham has a Sheltered Workshop (40 places) opened in May 1972, 2 Day Nurseries (92 places) and a Training Centre for mentally handicapped adults (average daily attendance 98). The Meals-on-Wheels Services, operated for many years by the Cheltenham Old Peoples Welfare Committee but to become part of the County Community Meals Service in April 1973, provides up to 156 meals each Tuesday and Friday and up to 100 fish and chip meals each Wednesday. From April 1973, the Old Peoples Welfare Committee will run a luncheon club at Stonham House, North Place, Cheltenham.

Residential provision is being increased as resources allow, the Social Services Committee have 13 establishments for children, including a Nursery, a Reception Centre and a Hostel for Working Girls. One of the Children's Homes is in Cheltenham and the building of a new home is to commence in 1973.

Of the 27 homes for the Elderly, three are in the Borough, two in the Charlton Kings Urban District and two in Cheltenham Rural District. Of the 1200 or so elderly people in residential accommodation on 31st December, 1972, 227 (52 men and 175 women) originated from Cheltenham and a further 72 (17 men and 55 women) were waiting for places.

There are two homes for mentally handicapped in the County, one of them being in Cheltenham. This is being adapted and extended to provide a further 14 places.

Welfare of Old People. Visiting of old people is undertaken by the Health Visitors and Social Workers, working in close contact with other voluntary and statutory agencies. A register is kept of all old people in the town visited for the first time and their needs ascertained and recorded for future reference. The Health Visitor advises and provides help where she can or makes arrangements for other help to be provided. In cases where residential accommodation is considered necessary, the case is referred to the Area Director of Social Services, in Cheltenham.

We also work very closely with the Cheltenham Old People's Welfare Association who are also responsible for providing the Meals on Wheels and the Chiropody Service both very much appreciated by old people.

Removal to Suitable Premises of Persons in need of Care and Protection
(*National Assistance Act, 1948, Sec. 47 and Amendment Act, October, 1951*)

No old persons were compulsorily removed from their homes during the year to hospital in their own interests. This is a measure which is only taken as a last resort when it becomes clear that the case is beyond the scope of the domiciliary services. Fortunately there are not many such cases. After admission, house and effects become the responsibility of the Area Director of Social Services, and the Old Persons' interests are safeguarded. Regular reports are received from the hospital or old peoples home with a view to discharge, but unfortunately when conditions ultimately make compulsory removal necessary, it is seldom that the old person is able to return home again unless there is a relative or friend willing to take over the care and responsibility.

British Red Cross Society Club. This Social Club continues to expand and fill a very real need. It meets fortnightly on Tuesday afternoon, at the Whaddon Boy's Club, under the leadership of the British Red Cross Society.

Cheltenham Cripples Aid Association. Regular visiting of the more severely disabled people is carried on by this Committee which also provides many varied amenities not available through the Health Service. This valuable help given to handicapped people in real need is much appreciated.

Meals on Wheels. This service has been operated successfully during the year in the capable hands of the Old Peoples Welfare Association providing a much needed and highly appreciated help for old people. The number of meals provided during the year was 18,209 (Previous year 16,666).

Marie Curie Memorial Foundation. For many years this Foundation has been providing, out of a fund administered locally by the Medical Officer of Health, additional care for patients suffering from cancer and living at home. This extra care includes extra nourishment, extra fuel, linen, bedding, clothing etc. Recently the Foundation has considerably extended its scheme for the provision of nursing attendance, night nurses and home helps for cancer patients suffering terminal illness, and several Cheltenham families have benefited from this provision. At national level the Foundation also provides Nursing Homes to which cancer patients can be sent free of charge, if necessary. All these facilities have given help and comfort on many occasions in the homes of patients in the town suffering from cancer and have been greatly appreciated.

HEALTH EDUCATION

Despite the increasing amount of work undertaken by the Health Visitors over the past year they have continued to fulfil their role as Health Educators.

The routine home visiting which they carry out calls for the more informal type of Health Education. This gives them an opportunity to get over an aspect of health which has been causing concern amongst Paediatricians for some time, namely obesity in babies and young children. Basically this entails bringing about a change of attitude in young mothers, encouraging them, when possible, to practise natural feeding and to assist them in acquiring good eating habits. Much of the advance teaching in this aspect of health education is done at the Mothercraft Classes which continue to be held at the Cheltenham Maternity Hospital where both Hospital and Local Authority staff undertake this work.

Each year the Health Education Council selects subjects on which attention should be focussed, the topics chosen for 1972 were:—

33
Family Planning
Smoking
Venereal Disease

Advice and education on Family Planning has been made available to the public through clinics and schools as well as in the home by Health Visitors and Midwives, who have all undertaken special in-service training for this.

How much success has been achieved by education on Smoking is debatable but if we can bring about a more positive attitude in youth to discard this unhealthy habit our efforts will not be without value and should have a positive influence on health in the future.

A concentrated health education programme was launched on both a national and local level in an endeavour to break down the barriers of fear and ignorance which has existed with regard to the sexually transmitted diseases. A more positive approach has been to get the public, and particularly young people, to see the importance of seeking advice and immediate investigation of any likely signs and symptoms, the value of early diagnosis and completing a prescribed course of treatment.

These facts are being better appreciated by the public and patients are being encouraged to behave more responsibly with regard to their consorts and contact tracing, so that quick referral to a General Practitioner or Clinic can be expedited.

Adult Groups have not been neglected, Health Visitors have attended mixed audiences of all ages to speak on a variety of health subjects. Discussion Groups held in Child Health Clinics have continued and these have increased at the request of the mothers.

In these days of sophisticated visual aids it is increasingly necessary to have modern equipment and there have been many additions in this respect.

Cheltenham continues to be a popular venue for Students seeking alternative experience and we have been pleased to welcome them as well as all other Students to the Department.

As in the past the staff have continued to attend residential and in-service training so that they can keep abreast of new ideas in all fields of their work.

It is difficult to fix precise boundaries to Health Education but the prime purpose of such a programme is that the information and instruction contained therein should activate the promotion of good physical and mental health.

Number of Health Education talks given 1972

<i>Organisation</i>	<i>Talks</i>	<i>Audiences</i>
Schools and Colleges	118	3156
Youth Organisations	7	106
Mothercraft	104	1645
Adult Audiences	37	1008
TOTAL	<u>206</u>	<u>5915</u>

SECTION III

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE**ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER 1972**

To the Chairman and Members of the Special Services and General Purposes Sub-Committee

Mr. Chairman, Ladies and Gentlemen,

As in the case of the Annual Report of the Medical Officer of Health, this will be my second last annual report as School Medical Officer. On the 1st April, 1974, along with reorganisation of the health services, the School Health Service will be transferred to the National Health Service and administered by the Area Health Authority. The Local Education Authority, the Gloucestershire County Council, will remain responsible for the ascertainment and education of children who through handicap or disability need special education.

Although the School Health Service will be transferred to the National Health Service it will be essential that there should be the closest collaboration between the Local Education Authority and the new Area Health Authority because the School Health Service as administered by the Special Services and General Purposes Sub-Committee of the Cheltenham Education Committee will continue. Local Education Authorities will need medical advice and the services of medical and nursing staff for education services related to health, for which they will be responsible. It is for this reason that it is proposed that there should be a statutory Joint Consultative Committee which would include officers and members of the Local Education Authority and the Area Health Authority, and a senior medical officer appointed jointly by both authorities who would be responsible for the Local Education Authority as well as to the Area Health Authority, and would attend the appropriate Committees of the Local Education Authority as their medical advisor. This applies equally in the case of the dental services which will be administered by the Area Health Authority under the control of the Area Dental Officer. These bridging procedures must be clear and binding if the School Health Service, or by whatever other name it may be called, is to maintain the same high standards as in the past.

It need only be said that on 1st April 1974 the Cheltenham School Health Service, handed over to the Area Health Authority, will be in a very healthy condition. It is indeed a fully comprehensive service as this report will show and because it has been run in collaboration with the family doctors and the hospital staff, I have no fears about the necessary collaboration in the future and this applies equally to the collaboration we have always enjoyed with head teachers and their staffs. The general standard of the health of our school children is now of a very high quality. In almost every department of the work of the service there is evidence of the success of the application of proved and effective methods of preventive medicine. It has always been the aim to maintain these standards, improving them from time to time with the introduction of new and effective measures. In this respect Health Education is still of increasing importance and much time is devoted to it in the schools. It must become equal in importance to the prophylactic injection because with the near disappearance of the once dreaded infectious diseases, there are now other health hazards which cannot be dismissed with a jab in the arm. This kind of prevention is more difficult and takes much longer.

Measles has been further reduced in incidence as a result of vaccination, and the increase in venereal disease especially amongst young people, reported last year, has happily not continued, but health education on this subject is being steadily maintained in the schools. The use and abuse of drugs is always under review but as I said in my report last year, there is no evidence that it constitutes a serious danger in the schools. Nevertheless it is included in health education programmes. A valuable social study of Cheltenham "Young People at Risk" has recently been published by the Cheltenham Youth Trust. A supplement to this report "Young

Drug Takers in Cheltenham" undoubtedly shows evidence of drug-taking among young people in the town, and although the survey was confined to the 16/17 age group and therefore did not include school children, it is nevertheless interesting to read one of the comments, viz that "the evidence did not support the view that most drug-takers were a problem group".

A significant feature of the report of the Area Dental Officer is the increasing proportion of time being given to the treatment of emergencies. As the Area Dental Officer says, by providing a good emergency service we may be defeating our main object which is that of prevention. Also, no matter how good our dental service is, one cannot be complacent about the number of childrens' teeth extracted unnecessarily every year. It is a pity that neither the County nor the Borough have implemented the policy of the Department of Health and Social Security to adjust the fluoride content of the water supply, a proved, effective, and safe preventive measure which would substantially mitigate the damage being done by what has been called "the last great epidemic" in children. This is due in large part to the pressure exerted on Local Health Authorities by the National Pure Water Association, but a survey, recently carried out by the University of Birmingham and reported in the medical Press, "The attitudes of West Midlands Mothers to Water Fluoridation", is of interest. A brief extract from the results is as follows:

"A third of all the mothers favoured fluoridation compared with only 8% who were against it. The rest had either not made up their minds or had not heard of fluoride. However, of those who had heard of fluoride, almost one half approved of its use".

Sir Keith Joseph, Secretary of State, Department of Health and Social Security wrote, in answer to a question in the House, that Local Health Authorities would no doubt take this survey into account when reaching a decision.

My thanks are due once again to the Chairman and Members of the Special Services and General Purposes Sub-Committee for their support and encouragement during the year, also to the Borough Education Officer, Head Teachers and their Staffs and to my medical, nursing and clerical staff in the School Health Service.

T.O.P.D. LAWSON,
School Medical Officer

School Medical Inspections. The routine medical inspections of school children have continued during 1972 and 2,438 children were examined throughout the year.

Children are examined:

- (a) On entry for the first time to a maintained school;
- (b) During the year in which they are 8 years old and
- (c) In the last year of their attendance at a secondary school.

Older pupils are examined before they leave school at the higher age groups in Pate's Grammar School for Girls, the Boy's Grammar School and the Technical High School.

As a result of these inspections, 182 pupils were found to have defective vision (excluding squint) and where necessary were referred to the Eye Specialist. A further 154 children were found to be suffering from other defects or diseases requiring treatment, and the necessary action was taken in all cases. The number of defects requiring to be kept under observation but not requiring treatment was 1,148 and the children concerned were kept under special observation during the year. This latter group of course, includes very many minor defects which may be remedied spontaneously and never require treatment. They are kept under observation merely as a precautionary measure. This is, of course, the main purpose of the routine medical inspections, to prevent the minor defect becoming a major one.

The school population at the end of 1972 was 13,810 and every child has an up-to-date medical record.

Special School Medical Inspection. These inspections cover children examined other than at a routine medical inspection for some special reason. During 1972 37 children were examined at these inspections, and the appropriate action taken.

Re-Inspections. Re-Inspections have been held each term in all schools in the Borough when children who had previously been noted at routine or special medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1972 248 children were examined at these inspections.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY SCHOOLS AND SECONDARY SCHOOLS (Including Special Schools)

TABLE A. Periodic Medical Inspections.

Age Groups inspected (By year of birth)	No. of pupils who have received a full examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
No.	No.						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	3	3	—	—	—	1	1
1967	666	666	—	—	22	38	53
1966	453	453	—	—	21	29	42
1965	52	52	—	—	3	3	6
1964	796	795	1	—	59	55	94
1963	79	79	—	—	4	6	10
1962	51	51	—	—	6	2	8
1961	36	36	—	—	5	1	6
1960	97	97	—	—	22	8	24
1959	92	92	—	446	17	3	20
1958	73	73	—	431	12	8	18
1957 and earlier	40	40	—	98	11	—	11
TOTAL	2438	2437	1	975	182	154	293

Column (3) Total as a percentage of Column (2) Total 99.96%)
Column (4) Total as a percentage of Column (2) Total 04%) to two places of decimals.

TABLE B. Other Inspections.

Number of Special Inspections	...	...	...	...	37
Number of Re-inspections	...	...	...	...	248
				Total	<u>285</u>

TABLE C. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	26,800
(b) Total number of individual pupils found to be infested	...	257
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	174
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	—

PART II

Treatment of Pupils attending maintained Primary and Secondary Schools (Including Special Schools)

TABLE A. Eye Diseases, Defective Vision and Squint.

		Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	...	16
Errors of refraction (including squint)	...	Not available
	Total	16
Number of pupils for whom spectacles were prescribed		217

TABLE B. Diseases and Defects of Ear, Nose and Throat.

		Number of cases known to have been dealt with
Received operative treatment:		
(a) for diseases of the ear	...	124
(b) for adenoids and chronic tonsillitis	...	519
(c) for other nose and throat conditions	...	164
(d) received other forms of treatment	...	233
	Total	<u>1040</u>

Total number of pupils still on the register of schools at 31st December, 1972 known to have been provided with hearing aids:

(a) During the calendar year 1972	...	5
(b) In previous years	...	30

TABLE C. Orthopaedic and Postural Defects.

		Number of pupils known to have been treated
(a) Pupils treated at clinics or out-patients departments	...	267
(b) Pupils treated at school for postural defects	...	—
	Total	<u>267</u>

TABLE D. Diseases of the Skin (excluding uncleanliness, for which see Table C of Part 1).

					Number of pupils known to have been treated
Ringworm (a) Scalp	...	...	...	...	3
(b) Body	...	...	...	...	4
Scabies	...	...	...	...	28
Impetigo	...	...	...	...	15
Other skin diseases	...	...	...	...	5
				Total	<u>55</u>

TABLE E. Child Guidance Treatment.

					Number of pupils known to have been treated
Pupils treated at Child Guidance Clinics	...	...	...	...	220

TABLE F. Speech Therapy.

					Number of pupils known to have been treated
Pupils treated by speech therapists	...	...	...	...	133

TABLE G. Other Treatment Given

					Number of pupils known to have been treated
(a) Pupils with minor ailments	...	...	...	...	1038
(b) Pupils who received convalescent treatment under school Health Service arrangements	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	711
(d) Other than (a), (b) and (c) above:—					
Chest	...	...	...	...	1
				Total (a) — (d)	<u>1750</u>

The foregoing tables show that the incidence of defects is not high, nor should it be, if the service function efficiently year by year.

Minor Ailments Clinic. The Clinic is open on Monday and Friday afternoons for children suffering from minor injuries such as sprains and abrasions or other ailments, such as boils, warts and athlete's foot. Treatment is carried out by a School Nurse or Health Visitor under the supervision of a School Doctor. During the school holidays minor ailments clinics continue to be held on the usual days.

During the term time additional clinics are held weekly at Whaddon, Oakley, Elmfield and Arle Secondary Modern Schools.

Audiometry. The policy of testing the hearing of all school children who have reached the age of six years has continued in the Borough throughout the year. Testing is carried out by a qualified audiometrician using a portable audiometer and, when necessary, cases are followed up, being referred to their family doctors or to hospital as required. The testing of 12 year old children started at the beginning of the year.

An audiometry clinic is held at the School Clinic during each school holiday when the children are seen by the Audiometrician and the School Medical Officer. Children may be referred to this clinic by teachers, general practitioners, or the School Doctors if a

hearing loss is suspected. Details of 2,608 audiometric examinations carried out in Cheltenham schools during the year, are shown as follows:—

Routine Tests

	Tested	Failed	Referred to Specialists
6 years	1,027	61	2
12 years	1,030	48	4

Special Cases and Re-Tests

Number Tested	551
Number Failed	131
Referred to Specialist	42
Schools Visited	33
Clinics held at School Medical Clinic	10

I am greatly indebted to Mr. G.N. Barker, M.B.; B.S.; F.R.C.S.(Ed.)D.L.O.; Ear, Nose and Throat Surgeon, Cheltenham General Hospital, for his co-operation in the examination and treatment of cases referred to him by our School Medical Officers.

Dental Inspection and Treatment carried out by the Authority.

Staff Changes:

Dental Officers: Miss K.D. Owen, B.D.S., resigned her appointment at the end of January, 1972, and Miss T.H. Jarosz, B.D.S. was appointed to take her place on the 1st March, 1972. During the interval part-time sessions were carried out by Mrs. C.R. Harrod, B.D.S. and Mr. O. Phillips, L.D.S.

Mr. P.B. Stone, L.D.S. resigned his appointment of Area Dental Officer on the 31st December, 1972. Mr. J.B. Clarke, L.D.S. has taken his place as Acting Area Dental Officer until the reorganisation of the National Health Service in 1974.

Dental Auxiliary, Miss G.D.M. Laister, B.A.D.A. resigned and left at the end of March, 1972. She was, however able to return to undertake part-time sessions during the months of July and August.

Dental Surgery Assistants. Mrs. A.M. Matthews resigned and left in April, 1972: Mrs. W. Brewer was appointed to take her place.

During the year Mrs. S. Webb and Miss M. Smith attended a Course for Dental Surgery Assistants at the Gloucester Technical College and were successful in attaining their Dental Nursing Certificates.

Clerical Assistant: Mrs. L. Chivers resigned and left in October, 1972, and Mrs. D. Hemsley-Hemlin was appointed to take her place.

Dental Health Education: Owing mainly to the resignation of the Dental Auxiliary the number of talks given at schools were fewer this year. Mr. Stone continued with his talks to Parent Teachers Associations and Secondary Schools.

Inspection and Treatment:

There was an increase in both the number of children examined at the Clinic and at routine school inspections. Nevertheless, there was a fall in the amount of conservation work carried out, and a small increase in the number of extractions.

There was a significant rise in the number of anaesthetics given by Dental Officers. This rather indicates a greater proportion of time was given to treating emergencies. By providing a good emergency service we may be defeating our main object which is that of prevention. Some parents find it all too convenient to wait until their children have toothache rather than accept treatment before such a crisis arises. More routine use of Sedation by Inhalation (Relative Analgesia) has been

established throughout the year. This has enabled a greater number of nervous children to accept conservation treatment.

Intravenous anaesthesia has also been continued for the mentally and psychologically handicapped patients. Doctor L.V. Martin, M.B.; B.S.; F.F.A.R.C.S. has continued to give us his help and advice for which we are most grateful.

I would like to thank all the members of the dental staff for their support during the year.

The figures relating to inspections and work carried out during 1972 are as follows (1971 figures in parenthesis):—

	1972	(1971)
1. Inspections and Sessions:		
First inspection of year at school	7,713	6,511
First inspection of year at clinic	1,447	1,313
	<u>9,160</u>	<u>7,824</u>
Number found to require treatment	5,688	5,589
Number accepting treatment	3,598	3,378
Number re-inspected at clinic	591	608
Number of pupils treated	3,028	3,273
Number of courses of treatment	3,444	3,668
Sessions devoted to treatment	1,471	1,687
Sessions devoted to inspections	117	98
Sessions devoted to dental health education	14	44
2. Attendances and Treatment:		
First Visit	3,028	3,273
Subsequent Visits	3,822	5,014
Total Visits	<u>6,850</u>	<u>8,287</u>
Additional courses of treatment commenced	416	395
Fillings in permanent teeth	4,700	6,947
Fillings in deciduous teeth	2,169	2,591
Permanent teeth filled	4,000	5,196
Deciduous teeth filled	1,991	2,185
Permanent teeth extracted (Caries/ortho)	367/269	391/261
Deciduous teeth extracted	2,060	1,934
General Anaesthetics administered by Dental Officers	596	394
General Anaesthetics administered by Medical Officers	565	574

INFECTIOUS DISEASES

As already stated, the impact of the common infectious diseases on the health of the school children is almost negligible as the following figures show:—

Measles	Dysentery	Scarlet Fever	Whooping Cough	Poliomyelitis Paralytic	Poliomyelitis Non-paralytic	Infective Jaundice
6	—	—	—	—	—	1

Tuberculosis. There was one notification of tuberculosis among school children during the year, a male pulmonary.

B.C.G. Vaccination. Vaccination against tuberculosis is now well accepted by parents in Cheltenham. The figures given below show an acceptance rate of 78.4%, a decrease on last year's figure (91.4%).

No. of Schools	Invited	Accepted	Tuberculin Tested	No. Positive	No. . Negative	Positive	Vaccinated
12	998	865	783	73	711	9.3%	711

Speech Therapy. The work carried out in the Speech Therapy Department has continued as in other years. Sessions are held at the School Clinic and in various ordinary and special schools. During 1972, however, it has been possible to hold three sessions per week at the Bettridge Special School and Westlands Junior (ESN) School. Pre-school assessments and consultations were also carried out with the introduction of two pre-school speech and language groups.

Miss A. Fulford joined the Department on 1st February, 1972 in conjunction with a hospital appointment.

The following work was carried out during the year:—

New Cases Accepted for Treatment	Total No. of Consultations	Total No. Discharged	Total No. of Cases on Register at 31st December		Total No. Pupils who received treatment during 1972
			Pre-School	School	
60	268	55	40	130	133

Physiotherapy. There are usually three physiotherapy sessions held per week at the School Clinic. Children are referred by the School Medical Officer from school medical inspections, from minor ailment clinics, occasionally from General Practitioners and the General Hospital.

Treatment consists of infra-red and graduated exercises for a variety of complaints, anomalies and deformities, e.g. postural disorders of the hips, knees, feet (i.e. pes planus with vulgus ankles, genu valgum, etc.), scoliosis, lordosis, kyphosis and postural defects of the spine and similar complaints. The average number of patients seen per week is twenty-five.

In September, 1972 selective school medicals for the eight year old group were introduced as had happened with the fourteen year old group in the previous year. As a consequence it has been noticed that the number of children referred to physiotherapy for treatment has decreased.

Recuperative Holidays. We are indebted to the Cheltenham Rotary Club for generously providing a free fortnights holiday for Cheltenham schoolboys at Weston-Super-Mare.

The Rotary Club has been providing these holidays since 1928, originally for four boys per month throughout the year, but this number has been reduced in recent years because of the continuing increase in health and social conditions in the area with less demand and need for such holidays. Part of the Cheltenham allocation was transferred to a city club although school-boys selected by our school doctors and school nurses, continue to take advantage of this facility.

Child Guidance Clinic. The Child Guidance Clinic continues to provide a service for which there is no lessening of demand. The number of children for whom treatment is requested by parents, doctors and teachers, increases every year. Dr. P.R. Doherty with his staff of psychologists and psychiatric social workers are always working at capacity both at the clinic and in the schools, to cope with the waiting list. I am very grateful to him for his co-operation, and the effort he makes to see children as soon as possible.

Eneuresis Clinic. The Eneuresis Clinic continues to provide a most useful and much appreciated service for children subject to this distressing complaint.

Many requests for the treatment of children are received from family doctors. Considerable success has been achieved and any children requiring further investigation are referred to Mr. P. Boreham, F.R.C.S., at the General Hospital with the approval of the family doctor.

A summary of the work carried out during the year is as follows:—

Clinics held	...	...	...	25
New Cases Seen	...	...	...	43
Consultations	...	...	...	160
Cases Discharged	...	...	...	51
Cases still under treatment			...	19

The following table shows a breakdown of the "Cases Closed".

Cured	Improved	No Improvement	Total
35	4	12*	51

* Includes six children who were unable to manage the alarm unit and two who failed to keep appointments.

Employment of Children and Young Persons. During the year 91 assessments were carried out as to fitness for school children to be employed before or after school hours and the necessary certificate was granted in all such cases. The standard of fitness among Cheltenham school children is such that the refusal to issue a certificate of fitness is exceptional.

All children leaving school are examined and advised in the light of their known medical histories as to any type of work for which they may have been found to be physically unsuitable and good liaison has been maintained with the Youth Employment Officer in this respect.

Handicapped Children. In accordance with the requirements of the Handicapped Pupils and Special Schools Regulations, 1959, 68 pupils have been examined or re-examined during 1972 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body, and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the

Regulations.

Of the pupils examined during 1972 the following recommendations were made:—

To attend Day Special School	...	...	60
To attend Residential School	...	...	8

The results of these examinations which were carried out by our medical staff who are especially qualified for the purpose, are where necessary, brought before the Special Services and General Purposes Sub-Committee with an appropriate recommendation. They also include the examination of school children referred to the Child Guidance Clinic with the recommendation of the Medical Director, as also children admitted to the Sandford School for Maladjusted Pupils who are selected by a panel including the Medical Director, the Education Officer, the Head Teacher, the Medical Officer of Health and an Educational Psychologist.

SECTION IV

ENVIRONMENTAL HEALTH

REPORT OF CHIEF PUBLIC HEALTH INSPECTOR

THE WORSHIPFUL THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF CHELTENHAM.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my report on the work carried out in the Department during 1972 and wish to record my thanks to the Chairmen and Members of the Health and Welfare and Housing Committees of the Council for their continued support.

The responsibility of the Public Health Department must be to preserve and improve environmental conditions. The health of the community still depends on a safe environment, whether it be clean air, water or food, not forgetting adequate and satisfactory housing.

Whilst the Department continues to deal with unfit houses and encourage the use of improvement grants to preserve existing housing stock, it has not yet been possible to carry out a proper survey to ascertain what facilities exist in the thousands of flats and houses within the Borough, without which no constructive Housing Programme can be formulated.

Despite the considerable increase in building costs, the number of applications for both Standard and Improvement grants continues to rise, 253 being received during the year, the grants paid amounting to £85,973. The total value of the work involved in discretionary improvements and conversions reached £362,490. The grants are not keeping pace with the rapid increases in material and labour costs and it is felt that the ceiling should be raised, especially with Standard grants.

Following the High Court action taken under Section 100 of the Public Health Act 1936, in which Mr. Justice Brabin found in favour of the Council against a firm of fat renderers, the Company were given a period of 12 months in order to enable them to carry out remedial works to abate the smell nuisance. During this interim period in the summer, residents were subjected to prolonged smell nuisance from the plant, especially whilst these works were in progress. The complaints were continuous and put a heavy strain on the staff, not only during the week, but during the evenings and at weekends, in investigating the cause and attempting, during this difficult period, to get the nuisance abated. This entailed the diversion of Inspectors to this task to the detriment of other duties. The works envisaged were completed by 1st November, 1972, and primarily consisted of an additional oil scrubbing tower, together with an airlock with interlocking roller doors. It is to be hoped that these measures will prove successful in abating the nuisance.

The total number of premises registered under the Offices, Shops and Railway Premises Act reached 1,253, a total of 804 visits being made during the year. I wrote to the Deputy Superintending Inspector of Factories expressing concern at the number of accidents reported to this office which were subsequently found to be outside the scope of the Act, occurring on unregistered premises. One example involved the delivery of barrels of beer by employees of the local Brewery to a public house where the licensee is classed as self-employed, only employing his wife and occasional staff on relief duties. I have been informed that this problem had been recognised by the Robens Committee and new legislation covering all places where persons are employed, has been recommended.

Visits in connection with noise nuisances increased considerably from 690 in 1971 to 1,097, showing that the public are becoming more and more resentful against the intrusion of such nuisances into their homes. The source of the noises varied enormously from compressor motors to Church bells and high-powered 'pop' groups. There is no doubt that the legislation dealing with the noise nuisances is inadequate. I can see no justification for the special dispensation given to ice-cream vehicles so that noisy chimes can be heard a mile away hour after hour in the quiet of an early evening or weekend.

116 complaints were received regarding food from members of the public. 17 cases, which included the finding of metal nuts, screws, glass and paint in various kinds of food, were reported to the Health and Welfare Committee, 8 of which resulted in proceedings in the Magistrates' Court with fines totalling £295 plus £85 costs. Only two samples out of a total of 197 submitted to the Public Analyst were adversely reported upon and those taken to ascertain the amount of pesticide residues present were found to be either free from such residues or within the permitted levels.

The Abattoir was only marginally affected by the outbreak of Swine Vesicular Disease which occurred towards the end of the year. The number of pigs dealt with during the year increased by 12½%, whilst the number of prime beef animals fell by approximately 17% and the number of sheep and lambs dropped.

The total income received from tolls for stalls at the Market for the financial year ending March, 1972, reached £4,229.50, which is an increase of over £500 over the amount received for 1970/71.

The Reorganisation of Local Government has entailed the formation of Working Parties and meetings have already been held with Officers of adjacent Local Authorities.

The Miners' strike in the winter caused a shortage of fuel, which resulted in a suspension of the Smoke Control Orders in the Borough for a period of six weeks. The two deposit gauges sited in the Borough recorded averages of 4.89 tons per sq. mile per month (25.2 milligrammes per square metre per day undissolved deposit) at the Municipal Offices, and 6.14 tons (39.4 milligrammes) at the Vauxhall Inn, Tewkesbury Road, this latter gauge being set up to record dust emission from the Coal Concentration Depot.

A number of lectures were given to student Health Visitors and Nurses, in addition to various organisations, on the work carried out in the Department.

Geoffrey Allen resigned in June and his place was taken by Stephen Aldridge, who commenced his duties in August. Robert Merrett obtained his qualifying Certificate and Robert Webb was successful in passing the final examination of the Diploma in Municipal Administration. Finally, I should like to record my appreciation to the staff for their loyal support during the year.

J.F. URSELL,
Chief Public Health Inspector.

CHIEF PUBLIC HEALTH INSPECTOR'S STAFF

1972

TECHNICAL

Deputy Chief Inspector (Specialising in Improvement Grants)	A.L. Jones, M.A.P.H.I., San Science R.S.H. *+
Specialist Inspectors (Improvement Grants)	G.J.C. Buck, M.A.P.H.I., M.R.S.H. *+
(Food and Drugs)	A.H. Carling, *+
(Housing)	R.G. Webb, D.M.A., M.A.P.H.I., San Science R.S.H., *++ +
(Housing)	S.J. Aldridge, M.A.P.H.I., M.R.S.H., (Appt. August) Ø
(Housing)	G. Allen, M.A.P.H.I. (Resigned June, 1972) Ø
(Offices, Shops & Railway Premises, Noise Abatement)	A. Taylor, *+
Pupil	R.D. Merrett (Qualified November) Ø

ABATTOIR

Meat Inspector/Superintendent	R. Hullah, M. Inst. M., M.A.P.H.I. *+
Deputy Superintendent	J.E. Phipps.
Assistant Superintendent	A. Edwards (Retired 30.6.72)
Handymen	S.C. Wearing (Appt. 1.7.72) A.F. Hawtin and A.W. Bannister
	* Certified Meat and Food Inspector
	+ Public Health Inspector's Certificate
	+ Smoke Inspector's Diploma
	Ø Public Health Inspector's Diploma

DISINFECTION AND DISINFESTATION

Assistant Disinfection Officer	J.W. Quarterman
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Rodent Operator R.T. Harvey

Senior Clerk	M.A. Barlow
Secretary	Miss M.E.J. Edden
Clerical Assistant	Miss E.M. Oliver
Junior Clerk	Miss L. Taylor

TABLE 1

Water Supply	38
Drainage	448
Stables and Piggeries		10
Common Lodging House		9
Houses Let-in — Lodgings	—
Caravan Sites	62
Public Conveniences		4
Theatres	10
Refuse Collection	74
Smoke Observations		1
Clean Air Act	116
Marine Store Dealers		5
Rodent and Pest Control		46
Houses inspected under Public Health Act				895
Re-visits	915
Rag Flock Premises	7
Hairdressers' Shops	35
Enquiries following Infectious Disease				5
Miscellaneous Infectious Disease Visits				2
Interviews	1,760
Noise Nuisance	1,097
Miscellaneous Sanitary Visits	404
Waste Food Order	4
Offensive Trades	258
						<hr/> 6,205

52
TABLE II

2. HOUSING

Number of houses inspected under Housing Act	2,681
Re-Visits	668
Overcrowding — Number of houses inspected ...	93
Re-Visits	5
Verminous Dwellings inspected	—
Improvement Grants	4,915
Miscellaneous Housing Visits	241
	<hr/>
	8,603
	<hr/>

TABLE III

3. FOOD HYGIENE

Abattoir (Additional visits by Inspectors) ...	118
Other premises — meat inspection	218
Butchers' Shops	432
Fishmongers and Poulterers	15
Grocers' Shops	350
Greengrocers and Fruiterers	34
Licensed Premises	123
Dairies and Milk Shops	62
Ice Cream Premises	56
Confectioners	5
School Canteens	45
Food Preparing Premises	186
Restaurant and Hotel Kitchens	221
Market Stalls	59
Street Vendors and Food Delivery Vehicles ...	28
Milk, Bacteriological Samples	26
Food and Drugs Samples	169
Fried Fish Shops	23
Bakehouses	37
Miscellaneous Visits in connection with Food ...	482
Removal of unsound Food	241
Food Vending Machines	—
Food Inspection and Condemnation	175
	<hr/>
	3,105
	<hr/>

TABLE IV

4. OFFICES, SHOPS & FACTORIES

Factories	6
Outworkers	6
Offices and Shops	804
	<hr/>
	816
	<hr/>

53
TABLE V

5. DISINFECTION AND DISINFESTATION

DISINFECTION:					
Premises Fumigated	...	...	...	...	3
Infectious articles disinfected	...	...	...	...	15
Other articles disinfected	...	...	...	...	63
DISINFESTATION:					
Premises treated	...	...	...	...	27
Articles treated	...	...	...	...	56
Destruction of Mattresses, etc.					
Articles destroyed	...	...	...	...	2
Other Visits	...	...	...	...	586
					<u>752</u>

TABLE VI

6. RODENT CONTROL

Rats and Mice:					
Number of visits for inspection	...	...	...	...	1,259
Number of visits for treatment	...	...	...	...	2,888
Other Pests:					
Number of visits for inspection	...	...	...	...	418
Number of visits for treatment	...	...	...	...	1,005
					<u>5,570</u>

TABLE VII

7. Other Visits

Shops Act — Hours of Trading	...	...	...	...	26
Employment of Young Persons	...	...	...	...	—
Consumer Protection	...	...	...	...	10
Pet Animals Act	...	...	...	...	24
Animal Boarding Establishments	1
					<u>61</u>

Total of Tables I, II, III, IV, V, VI, and VII	25,112
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NOTICES SERVED

During the year 286 Informal Notices and letters were sent, and 14 Formal Notices were served, requiring remedial action to be taken, with regard to defects noted during inspections carried out under the various Acts and Regulations.

ACT OR REGULATION	INFORMAL		FORMAL	
	Served	Complied	Served	Complied
Public Health Act 1936	165	151	12	9
Housing Acts	7	5	—	—
Factories Act 1961	2	1	—	—
Offices, Shops & Railway Premises Act 1963	47	56	—	—
Food Hygiene (General) Regulations 1960	55	54	—	—
Caravan Sites & Control of Development Act 1960	5	3	—	—
Noise Abatement Act 1960	3	3	2	2
Licensing Act 1964	2	—	—	—
Clean Air Act 1956	—	1	—	—
TOTAL	286	274	14	11

INFORMATION IN REGARD TO LAND CHARGES

Requests for information under the Land Charges Act increase year by year. In 1972 the total of searches made was 3,035, an increase of nearly 200 over 1971.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by the Public Health Inspectors).

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which sections 1,2,3,4, and 6 are to be enforced by Local Authorities	28	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	365	6	2	—

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's Premises).	12	—	—	—
TOTAL	405	6	2	—

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which Prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	by H.M. Inspector (5)	
Want of Cleanliness(s.1)	—	—	—	—	—
Overcrowding (s.2)	—	—	—	—	—
Unreasonable Temperature(s.3)	—	—	—	—	—
Inadequate Ventilation (s.4)	—	—	—	—	—
Ineffective drainage of floors (s.6)	—	—	—	—	—
Sanitary Conveniences (s.7)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	1	—	—	1	—
(c) Not separate sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—	—
Total	2	1	—	1	—

PART VIII OF THE ACT
OUTWORK
 (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Out-workers in August list required by Section 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (Making etc.)	18	—	—	—	—	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

**REPORT FOR CHELTENHAM BOROUGH FOR 1972 AS
 SUBMITTED TO H.M. INSPECTOR OF FACTORIES,
 DEPARTMENT OF EMPLOYMENT**

55 premises were newly registered during the year and the total of 1,253 includes 496 offices, 616 retail shops, 56 wholesale shops, 84 catering establishments open to the public and 1 fuel storage depot.

A total of 804 visits were made to these premises during the year.

The number of persons employed increased from 11,410 in 1971, to 11,966, comprising 5,082 males and 6,884 females. The number employed in offices amounted to 5,505, those in retail shops to 4,751, whilst wholesale departments accounted for 715, catering establishments open to the public 913, canteens 70 and fuel storage depots 12.

The provision of effective means of ventilation to rooms in which persons are employed to work is a constant subject for discussion with employers and architects. Plans for proposed new premises are often submitted without adequate details of ventilation and windows in existing premises are sealed following painting or for purposes of security. This problem is increased by the installation of machines which require chemicals, either as part of the process or for cleansing purposes. Dry cleaning, photocopying, photographic and printing processes, are installed in rooms with little thought to the removal of fumes. Floor space is expensive and, often, basement or small ante-rooms are used where ventilation is difficult to obtain. It has been found that the best method of dealing with these

is to ventilate the machine to the outside air and also to provide ventilation to the room itself. The Factories Act 1961 has specific requirements for the removal of fumes, there is need for a similar requirement under the Offices, Shops and Railway Premises Act.

There were 40 accidents notified and investigated during the year, none of which were fatal. It is being found that, with accidents involving employees slipping or falling, the floors or staircases concerned were usually in good condition. There was, however, doubt in a number of these cases as to the suitability of the employee's footwear. The variety of "fashion" shoes and boots with platform soles and heels, which are worn by people at work are often not suitable for negotiating stairs and steps.

Concern over problems associated with delivery drivers and similar employees being involved in accidents whilst on unregistered premises was expressed to H.M. Deputy Superintending Inspector of Factories. The report of the Robens Committee on Health and Safety at work recognises this problem and suggests that the answer may be in new legislation covering all places where persons are employed, including the self-employed and part-time employees.

The noise level in large offices is undoubtedly increasing, especially in those of the open-plan type. This is due to the increased use of computer card punching machines, duplicating machines and the like. Over the last two or three years there has been a move towards safer office equipment, but little or no regard appears to have been given to the noise aspect.

During the investigation of one complaint, sound level readings near various types of machines in an office reached 83 dba. This is an exceptionally high level and cannot but have a detrimental effect on the hearing of those who are compelled to work in it. In most of these cases it has been possible to reduce the levels considerably by acoustic screens and insulated covering, but it would have been preferable to have dealt with the most noisy of the machines in the design stage of the offices as, with modern electronics, the noisier mechanical processes can well be placed in an adjacent sound-proof room, whilst being operated from a key board in the office.

Registration and General Inspections.

Class of Premises	No. of premises newly registered during the year	Total number of registered premises at end of year	No. of registered premises receiving general inspection during the year
Offices	23	496	76
Retail Shops	30	616	48
Wholesale Shops, Warehouses	1	56	4
Catering establishments open to the public, canteens.	1	84	105
Fuel Storage Depots	—	1	—
Totals	55	1,253	233

Number of visits of all kinds (including general inspections) to Registered Premises:

804

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	Number of Persons Employed
Offices	5,505
Retail Shops	4,751
Wholesale Departments, Warehouses	715
Catering Establishments open to the public	913
Canteens	70
Fuel Storage Depots	12
Total	<u>11,966</u>
Total Males	<u>5,082</u>
Total Females	<u>6,884</u>

Reported Accidents.

Workplace	Number Reported		Total No. investigated	Action Recommended			
	Fatal	Non-Fatal		Prose- cution	Formal Warning	Informal Advice	No Action
Offices	—	4	4	—	—	3	1
Retail Shops	—	27	24	—	1	9	17
Wholesale Shops, Warehouses	—	3	3	—	—	1	2
Catering establish- ments open to the public, canteens	—	6	4	—	—	3	3
Fuel Storage Depots	—	—	—	—	—	—	—
TOTALS	—	40	35	—	1	16	23

ATMOSPHERIC POLLUTION CLEAN AIR ACTS 1956 & 1968

Two deposit gauges are sited within the Borough, one centrally, on the roof of the Municipal Offices, which gave an average monthly reading of 25.2 milligrammes per square metre per day of undissolved deposit, or 4.89 tons per square mile per month (the 1971 figures were 25 milligrammes and 5.1 tons respectively). The second gauge, sited on the roof of the Vauxhall Inn, Tewkesbury Road, gave readings of 39.4 milligrammes per square metre per day undissolved deposit or 6.14 tons per square mile per month (the 1971 figures were 40 milligrammes and 6 tons respectively).

The readings are very similar to the 1971 figures, the higher reading for the gauge at the Vauxhall Inn being due to the close proximity of a Coal Concentration Depot.

The volumetric smoke and SO₂ apparatus sited in the Municipal Offices recorded an average monthly reading of 43.3 microgrammes per cubic metre of smoke and 79.1 microgrammes per cubic metre of sulphur dioxide.

The garden bonfire causes considerable irritation and annoyance to neighbours and I do feel very strongly that, if people who light fires were more

considerate, the number of complaints would be drastically reduced. There is no need to burn refuse such as paper and cartons. The refuse collectors will take this material and large bulky articles of furniture or household equipment will be collected free of charge if a special request is made to the Borough Engineer's Department. The composting of waste vegetable matter provides a valuable fertilizer. This leaves only weeds, hedge clippings and tree prunings to be burned and, if these are allowed to dry thoroughly, they can be disposed of quickly with relatively little smoke.

The owner/occupier of a house in the Borough complained that many of the plants in her garden were dying, claiming that they were being destroyed by toxic substances emanating from a nearby plastics factory, where detergents, hypochlorite, etc. are put in sealed containers.

The garden was visited and it was correct that many shrubs were dead, together with two trees, one next door, at the front of the premises. However, the plants in the rear garden, closer to the factory, appeared healthy. I wrote to the Ministry of Agriculture, Fisheries and Food, asking for a visit from their horticultural experts, but received a reply stating that this was a legal matter and suggesting the services of an independent Consultant. I then wrote to the Alkali Inspector, who inspected the garden and the factory. All the ventilating points and drainage were checked and other gardens were examined, some nearer to the factory, where the plants were in a very good condition. No evidence could be found that the damage was likely to be caused by the activities of the factory.

Several complaints were received regarding the smell emanating from a brewery situated in the centre of the town. In the view of many the smell was not obnoxious. I visited the brewery, accompanied by the Alkali Works Inspector and we checked the whole process of brewing and the possible outlets that might account for these complaints. The steam outlets from part of the brewing plant were discharged at a relatively low level and the question arose as to whether or not these could be scrubbed or vented at a far higher level. As this was primarily a steam vent, it was decided to carry the outlet above roof level.

NOISE ABATEMENT ACT 1960

The increasing resentment of the public to disturbance caused by noise in their homes resulted in an active year investigating various noise complaints. These ranged from ice-cream chimes to Church bells, from 50 hp fan installations to ¼ hp refrigerator compressor motors and from individual radio sets to high-powered "pop" groups.

Whilst the source of noise varied enormously, the response of the complainants was basically the same — the noise was unreasonably interfering with the enjoyment and use of their homes. The Department's approach to this problem is to assess each case on its merits and to judge the reasonableness, not only of the complaints, but of the steps taken to control the offending noise, particularly from industrial sources.

This approach only serves to control noise after a nuisance situation has arisen and, towards the end of the year, the indications were that detailed control at Planning level would be recommended by the Department of the Environment. If introduced, a greater emphasis will be placed on noise nuisance prevention and reduction or a stabilisation of existing ambient noise levels.

The Inspector responsible for duties under the Noise Abatement Act attended a Course at the University of Aston and also an Exhibition by Companies specialising in noise and vibration control held at Bath University.

Examples of some of the types and results of noise complaints dealt with during the year are as follows:—

Complaint

Result

Noise from fan and motor set in extract ventilation plant.

Plant due for repair and modification, which resulted in satisfactory reduction of noise level.

Noise from new refrigeration compressors.

Two similar complaints, both abated by silencing air intakes and insulation to motors.

Noise of tyre fitting operations.

Power tools replaced by quieter equipment; operations carried out on rubber mats.

Noise from overnight pumping operations.

Pumping equipment enclosed in structure with sound absorbent lining.

Noise from operation of factory near new housing estate.

Company engaged a Consultant, who detailed a scheme to be undertaken to reduce overall noise levels.

Noise from refrigeration equipment in terraced properties.

Equipment moved to alternative position following intended shop extensions.

Noise from grinding operations carried out during night.

Operation carried out during day-time only, following informal discussions with factory management.

HOUSING ACT 1957.

The following action under the above Act was taken during the year (figures for 1971 are given for comparative purposes):

	1971	1972
(a) Closing Orders (Basement Dwellings	9	6
(b) Closing Orders (Parts of Houses, etc.)	1	3
(c) Closing Orders Determined	21	43
(d) Demolition Orders	—	—
(e) Houses Closed	10	15
(f) Undertakings to render premises fit	1	—
(g) Undertakings cancelled	1	1
(h) Undertakings not to use premises for human habitation	—	—
(i) Houses demolished	7	12
(j) Local Authority owned houses certified unfit	4	—

Action taken since the end of the War:

	No. of Houses	No. of Persons Displaced
(a) Houses Closed	396	1,134
(b) Parts of buildings closed	468	1,178
(c) Houses closed in pursuance of an undertaking by the owner	73	241
(d) Houses demolished	543	1,227
(e) Houses made fit as a result of formal notices	457	—

NEW HOUSES

New houses completed in the Borough since June, 1945:

	By the Council	By Private Enterprise
Up to 31st December, 1962	4,952	3,134
During 1963	31	313

		By the Council	By Private Enterprise
During	1964	103	360
	1965	157	356
	1966	24	487
	1967	163	338
	1968	10	240
	1969	82	249
	1970	49	289
	1971	102	298
	1972	94	179
		<u>5,767</u>	<u>6,243</u>

HOUSING ACTS 1957 - 1969

IMPROVEMENT GRANTS

Despite the exceedingly heavy increases in building costs, there is still a steady annual increase in the number of applications for both Standard and Improvement Grants.

Since the Department were given responsibility for Improvement Grants in March 1970, approval has been given for 648 dwellings and the total estimated cost of the works involved in Discretionary Grants has reached over £700,000. The total value of grants paid to date is £175,767 in respect of the provision of 416 dwellings.

This steady increase is spread throughout the whole strata of grants, i.e. simple bathrooms and extensions, improvements by home owners, improvements by developer and conversions of buildings. Estimates are not easy to obtain and builders are in great demand in the town.

A great deal of supervision of works in progress is required and there is a tendency for Inspectors to be obliged to act as Clerk of Works to secure a reasonable standard in some cases. In one instance payment of grant was refused owing to the poor quality of work done and another builder had to be called in to do much of the work again. A situation such as this arises simply because any person may operate as a builder irrespective of training or experience. However, the great majority of builders co-operate fully and many worthwhile improvements and conversions to flats have been completed during the year.

The proposals regarding improvements to old peoples' homes, which were expected during the year, have not reached fruition. However, a very marked increase in activity in the field of Housing Associations is noticeable.

From the technical point of view, there are more specialist "damp-proofing" firms available and, because of the competition in this growing field, costs are more stable. Dampness in a dwelling is not evident throughout the whole year and there is a sound argument to make it a condition, in respect of Improvement Grants, that some type of approved damp-proof course is provided, as opposed to surface treatment. The emphasis must, however, be on "approved" damp-proof courses.

Conversions of Regency houses to provide homes which give a comfortable standard of housing and which are well arranged, within an economical level, have now become difficult. Feasibility studies are showing that, even with "Regency Grants" the level of "unfurnished" rents which the Rent Officer approves, has deterred at least two large Housing Associations from proceeding with schemes of appreciable value.

In view of the tremendous increase in the costs of materials and labour, the present level of basic grants is inadequate and the grant level should be increased in order to stimulate the improvement and provision of the existing housing stock.

During the year 253 applications for both Standard and Discretionary Grants were received, the total grants paid amounting to £85,973. The estimated total value of the work involved in discretionary improvements and conversions reached £362,490. The details are set out in the following Table:

Standard Grants

No. of applications	140
No. approved to full standard	67
No. approved to less than full standard	2
No. approved to higher limit	49
Value of grant approved	£26,409
Value of grants paid	£20,068

Improvement Grants — Discretionary

No. of applications	71
No. approved	72

Conversions

No. of applications	42 (for 98 units)
No. approved	32 (for 87 units)

Total value of approved works ranking for grant	£266,021
Total value of grant approved	£123,438
Total value of grant paid	£65,905

Summary

No. of houses brought to full standard (with all amenities) with Standard Grants	54
No. of houses brought to less than full standard	2
No. of houses brought to higher limit (bathroom added, with all amenities) with Standard Grants	40
No. of houses improved with Discretionary Grants	64
No. of conversions to provide self contained units, with Discretionary Grants	33



This building was converted into 22 self-contained flats with the aid of an Improvement Grant from the Council amounting to £21,700, together with a Regency Grant.

The final total cost of the contract amounted to £74,500.

HOUSING FINANCE ACT 1972

This Act came into operation in 1972 and simplified procedure in relation to Qualification Certificates. A Provisional Certificate is no longer necessary and neither is a Certificate of Fair Rent, though the latter would be in the tenant's interest.

The Local Authority may also supply to the Rent Officer for consideration of the fair rent for any dwelling.

This Act also provides for controlled tenancies, other than those of dwellings notified unfit, to be brought out of rent control by a staged programme ending on 1st July, 1975.

The decontrolling of a tenancy will not be conditional on the owner providing amenities or carrying out repairs and this is to be regretted. In view of the availability of grants, steps could now be taken to give legal backing to the 12-point standard. A period of 10 years could be allowed for enforcement purposes, though this might have to be longer in some areas.

QUALIFICATION CERTIFICATES

HOUSING ACT 1969

PART III

Section 44 (1) for dwelling claimed to have all the standard amenities		Section 44 (2) Where dwelling does not have all the standard amenities	
Qualification Certificates Issued		Certificates of Provisional Approval	Qualification Certificates Issued
5 HOUSING FINANCE ACT 1972 Section 28 (1) 5		14	16
		Section 29 (1) 1 2	
		1	2
TOTALS 10		15	18

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

MOVEABLE DWELLINGS

The number of licensed sites in the Borough totals 8, the number of spaces for caravans being 158.

A joint visit was made with the Fire Prevention Officer to the largest site, which has 150 spaces. Subsequent to the Fire Prevention Officer's report, the site Manager has been requested to make the necessary provisions for bringing the fire fighting appliances up to the latest standard.

The Corporation was presented with an unusual situation when a couple decided to get married in Cheltenham. Normally such an event would be regarded as an everyday occurrence, giving no cause for corporate alarm. However, in this instance, the wedding guests were mainly itinerant travellers and, within a very short time, some 39 caravans together with vehicles and attendant paraphernalia were established on a large vacant Corporation Site near the Church.

Needless to say no permission was sought or obtained for this sudden influx of moveable dwellings and no proper arrangements had been made for water supply, sanitary conveniences or refuse collection.

The attendant problems associated with this unauthorised instant caravan site would have been much reduced if the assembled persons had decided to depart soon after the wedding ceremony, as promised, but, two weeks later, the majority of vans were still there.

The sanitary condition of the site was deteriorating daily and after much pressure and the threat of legal proceedings the guests departed, leaving the Corporation to clear up the confetti!

COMMON LODGING HOUSE

Over the last two or three years the state of the only Common Lodging House in the town has generally improved. It no longer poses a problem to the Department, as is reflected in the decrease in the number of visits made to the premises.

The registration is renewable annually and the Health and Welfare Committee agreed in December to re-register the premises for a further year.

PLANS

The scrutiny of plans submitted to Council plays an increasingly important part in prevention of possible pollution, particular attention being paid to noise and air pollution.

FOOD AND DRUGS ACT 1955

Food Hygiene and Food Inspection

During the year under review 116 complaints were received from members of the public alleging the unsound condition of foods purchased from premises within the Borough. The majority of these complaints involved "foreign bodies" and other complaints included deterioration of food due to damaged containers and faulty packaging. 17 cases were reported to the Health and Welfare Committee, resulting in legal proceedings being instituted in respect of 8 complaints and warning letters were sent in the case of the remaining 9, details of which are set out later in the report.

Regular weekly visits are made to all the larger shops and stores for the inspection and surrender of unsound food. Routine visits are made to meat wholesalers to inspect beef imported from Eire and bacon from Denmark, following notification from the relevant Port Health Authority.

There are now 3 Discount Warehouses within the Borough where food is displayed in bulk for retail sale. This type of premises operate with the minimum of fixtures, the food being stacked on palets and, consequently, the method of retailing is the cause of some concern, as the public themselves contribute to the general untidiness, breakages and spillage of products upon the floor by picking over the stock displays. Routine inspections are essential to maintain a high standard of hygiene in all food trades and 3 or 4 visits per annum are made to such premises.

Food and Drug Sampling

Two samples were adversely reported upon by the Public Analyst as follows:-

Informal Sample No. 9 — Blackcurrant Health Drink (Low calorie)

The analysis of this product indicated that the ascorbic acid content was 50 mgm. per fluid ounce, whilst 100 mgm. was stated. The sample was, therefore, 50% deficient in vitamin C. The Analyst suggested that this was possibly due to the sample being of old stock and, subsequently, a warning letter was sent to the vendor.

Informal Sample No. 198 — Raspberry Jam

The Public Analyst reported that this sample contained 66.6% soluble solids, but the fruit content was only 25%, whilst the standard was 30%, and he suggested that it may have been the result of poor batch mixing. A formal sample No. 245 was subsequently taken and this proved to be genuine.

Pesticide Survey

At the request of the Public Analyst, 7 samples were taken to ascertain the amount of pesticide residues in certain foodstuffs. The results of the analyses are as follows:—

English Cheddar Cheese: Chlorinated pesticides: 0.01 p.p.m. D.D.E.
(A metabolic product of D.D.T.) Genuine

Dripping: Pesticides and Pesticide residues were absent. Genuine

New Zealand Lamb: The sample was free from organo phosphorus insecticide, but contained a trace of D.D.E; i.e. 10 parts per 1,000 million, which is within the permitted levels. Genuine

Eggs: This sample was clean and free from rot etc. and other defects and contained 0.01 p.p.m. D.D.T. with less than 0.008 p.p.m. D.D.E. Organo phosphorus compounds negative Genuine

Pink Salmon: Preservatives and metallic contamination absent.
Copper 0.09 p.p.m. Mercury 0.02 p.p.m. Genuine

Apples: This sample was free from pesticide residues and also from arsenic, copper and lead. Genuine

Mushrooms: This sample was treated for pesticides, which were absent, although a trace of Kaptan or similar rooting strengthener was present. Genuine

Miscellaneous Samples**Samples Nos. 9 and 133 - Cheltonic Dried Sludge**

This product is a garden fertilizer produced as a by-product from the Cheltenham Sewage Works and two samples were sent to the Public Analyst to ascertain their metallic content and whether they would produce any significant metallic contamination of foodstuffs. The Analyst reported thus:—

Sample No. 9 — Cheltonic Dried Sludge

It contained 47.5% moisture
 7.5% organic matter
 45.0% mineral matter

Included in the above is 0.6% nitrogen.

Trace elements are as follows:—

Arsenic	3 p.p.m.
Copper	42 p.p.m.
Zinc	51 p.p.m.
Lead	250 p.p.m.
Mercury	3.3 p.p.m.
Cadmium	4.4 p.p.m.

The above results are all on the sample 'as received' as it would be applied to the ground.

The lead is on the high side, but will probably be satisfactory if applied when other fertilizers are in use.

Sample No. 133 - Cheltonic Dried Sludge

This contained 18.3% moisture, 20.8% organic matter and 60.9% mineral matter. This has a completely different composition to the previous sample and contained the following trace metals:—

Copper	10 p.p.m.
Zinc	30 p.p.m.
Lead	5 p.p.m.
Arsenic	1 p.p.m.
Mercury and Cadmium each less than 0.1 p.p.m.	

In my opinion this sample is quite fit for use on gardens etc.

Sample No. 17 — Frying Pan

A number of enquiries were received in the department concerning the dangers from cadmium poisoning arising from the use of certain categories of enamelled metal cooking ware of foreign origin. The relevant items were mainly lidded casserole dishes and frying pans where the underside of the lids was enamelled a distinctive orange colour. A sample of this ware, a frying pan, was purchased and submitted to the Public Analyst for his examination and report, which reads as follows:—

"This has been examined and found to be free from lead and cadmium. (British Standard method of testing was used with 4% acetic acid)".

Milk Sampling

78 samples of pasteurised milk and 27 samples of cream were submitted for bacteriological examination. 2 samples of milk and 5 of cream failed the methylene blue test. 35 milk samples were also submitted for chemical analysis. 1 sample of raw milk submitted for a Brucella Abortus test proved to be negative.

SAMPLES OF FOOD AND DRUGS SUBMITTED FOR ANALYSIS

In accordance with Ministry of Health requirements, the following samples were taken:—

<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>
Accent		1
Almond Marzipan		1
Angelica		1
Apple & Blackberry Jam		1
Apple Butter		1
Apple Pie	1	
Apple Sauce		1
Baking Powder		1
Barbecue Marinade		1
Battenburg Cake		1
Bean Sprouts		1
Beefburgers		1
Beefburgers, Beans & Sausages		1
Beef Hamburgers		2
Beef Italiene		1
Beef Risotto		1
Beef Stock		1
Beef Suet		1
Beef with Beans		1
Biscuits	1	
Blackcurrant Drink		1
Brown Ale		1
Buttermilk		1
Butter Oil		2
Cake Matzo Meal		1
Calypso Drink	1	
Caramel Sauce		1
Cheesecake		1
Cheese Italia Dressing		1
Cheese Snack		1
Cheese Spread		2

<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>
Cheese Spread with Ham		1
Cheese with Beer		1
Chicken Fried Rice Meal		1
Chicken in White Sauce		1
Chicken Paste		1
Chilli Paste		1
Chocolate A La Crème		1
Chocolate Dessert	1	
Chocolate Hazelnut Spread		1
Chocolate Sandwich		1
Chocanilla		1
Chopped Chicken in Jelly		1
Clam Juice		1
Clan Dew	1	
Cochineal Substitute		1
Cocktail Sausages		1
Coffee Time		1
Cooking Oil	1	
Corned Mutton		1
Curd Cheese	1	
Curry Dressing		1
Custard Powder		1
Dandelion Coffee		1
Danish Cheese & Liqueur		1
Dark Soft Brown Sugar		1
Dried Fruit Mixture		1
Dutch Farm Butter	1	
Egg Mayonaise		1
Fish Soup		1
Fondant Fancies		1
Frankfurters		1
Fruit & Honey Breakfast		1
Full Fat Soft Cheese		1
Game Soup		1
Garlic Sausage		1
Gin	1	
Ginger Beer		1
Ground Ginger		1
Guinness (Draught)	1	
Hamburgers		1
Hare, Pork & Liver Paté		1
Hazelnut Spread		1
Herb Rice		1
Herring Fillets		1

<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>
High Tea		1
Hong Kong Crisps		1
Icing Sugar		1
Idli Mix		1
Indonesian Style Relish		1
Irish Recipe Sausage		1
Jam Rolls		1
Jam Sponge Pudding		1
Jellied Eels		1
Lactic Cheese Spread		1
Lager		2
Light Ale		1
Liver Paté		1
Lobster Soup		1
Long Life Beer		1
Low Calorie Sugar		1
Mackerel		1
Meat Balls		1
Melba Sauce		1
Menthacol Lemon Flavoured		1
Milk	35	
Minced Beef & Onions	1	
Minced Steak & Gravy		1
Minced Steak with Onions		1
Mincemeat		1
Mixed Dried Fruit		1
Mixed Fruit Jam		1
Mushrooms in Brandy Butter Sauce		1
Mushrooms in Brine		1
Mussels		1
Normandy Butter	1	
Onion Soup Mix		1
Orange Bits		1
Ostermilk		1
PatéD' Oie		1
Peas		1
Pigs Liver		2
Plain Flour	1	
Plamil		1
Popscotch		1
Pork Chop Suey Meal		1
Pork Goulash		1
Pork Paté		1
Pork Pie	1	
Pork Sausage	1	
Protoveg		1
Raspberry Dessert		1

<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>
Raspberry Jam	1	1
Raw Honey	1	
Red Food Colouring		1
Rum	1	
Sauce Bearnaise		1
Sausages	1	1
Sausage & Vegetable Meal		1
Scones		1
Shrimp Flavoured Chips		1
Smoked Oysters		1
Snowball		2
Soured Cream		2
Soya Sauce		1
Spaghetti Sauce		1
Spam Spread		1
Sterilized Cream		2
Stoneless Dates		1
Strawberry Topping		1
Sugarless Jelly		1
Sugar Strands		1
Sweet Pickle		1
Swiss Herb Candy		1
Swiss Paté		1
Tomato Ketchup	1	
Tuna		1
Vegetable Juice		1
Vodka & Lime	1	
Vol Au Vent Filling		1
Westphalian Smoked Pairs		1
Whisky	1	
Yoghurt	1	

Number of Samples Taken During 1972

Formal	58
Informal	139
	<hr/>
	197
	<hr/>

FOREIGN MATTER AND MOULD IN FOOD

During the year 116 complaints were received with regard to foreign matter or mould in food, 17 of which were reported to the Health and Welfare Committee and the following action taken:—

<i>Sample No.</i>	<i>Description</i>	<i>Action Taken</i>
580	Chicken and Mushroom Pie containing Metal	Proceedings: Manufacturers fined £40 plus £10 costs
9	Blackcurrant Health Drink deficient in Vitamin 'C'	Warning letter to Vendor
36	Fish Fingers containing hardboard	Proceedings: Manufacturers fined £25 plus £10 costs
37	Bacon in unsatisfactory condition	Warning letter to Vendor
39	Plastic in medium sliced loaf	Warning letter to Baker
62	Metal Nut in Cheddar Cheese	Warning letter to Importers
64	Pint Glass with broken glass in the bottom	Proceedings: Licensee fined £10 plus £10 costs
72	Screw in Sausage Roll	Warning letter to Baker
89	Bottle of Milk contaminated with paint	Proceedings: Dairy fined £100 plus £10 costs
118	Steak & Kidney Pie containing piece of paper	Warning letter to Manufacturers
152	Beef Curry Meal containing an insect	Proceedings: Vendor fined £20 plus £10 costs
180	Foreign Bodies in Milk	Warning letter to Dairy
199	Ham Roll containing fly wing	Warning letter to Catering Company
216	Metal nut in Doughnut	Proceedings: Baker fined £25 plus £10 costs
228	Paint flakes in Cereal	Proceedings: Manufacturers fined £50 plus £15 costs
268	Wasp in Jar of Honey	Warning letter to Manufacturers
293	Wire Staple in Pheasant Pate	Proceedings: Manufacturers fined £25 plus £10 costs

There are 715 premises in the Borough which are subject to the Food Hygiene (General) Regulations 1970, as follows:—

	Food Preparation Premises	Public Houses	Butchers	Bakers	Fish Fryers	Other Food Shops
No. of Premises	294	94	53	13	18	243
No. of Premises fitted to comply with Reg. 16	294	94	53	13	18	216
No. of Premises to which Reg. 18 applies	294	94	53	13	18	221
No. of Premises fitted to comply with Reg. 18	294	94	53	13	18	221

**PARTICULARS OF FOODSTUFFS EXAMINED AND REJECTED
AS UNFIT FOR HUMAN CONSUMPTION**

Tinned Foods	<i>Tins</i>	<i>Tons</i>	<i>Cwts</i>	<i>Qrs</i>	<i>Lbs</i>
Meat ...	589	—	6	0	19
Fish ...	279	—	—	3	19
Vegetables	3,576	1	3	3	8
Milk & Cream	91	—	—	2	1
Fruit ...	3,652	1	16	2	16
Soup ...	73	—	—	1	26
Jam ...	82	—	—	3	1
Fruit Juice	265	—	2	0	7
Milk Puddings	110	—	—	3	26
Miscellaneous	16	—	—	—	15
	<u>8,733</u>	<u>3</u>	<u>12</u>	<u>1</u>	<u>26</u>

General

Meat ...	...	3	5	2	1
Bacon ...	...	—	1	3	18
Fish ...	...	—	—	4	14
Eggs ...	...	—	—	1	—
Cheese ...	...	—	—	3	15
Poultry ...	...	—	3	3	9
Frozen Foods	...	3	4	0	14
Butter, Cooking Fat		—	1	3	18
Cooked Meat	...	—	—	—	27
Fresh Fruit and Vegetables		—	4	2	11
Flour and Cereals		—	—	3	6
Dried Fruit	...	—	2	2	2
Miscellaneous	...	—	1	2	6
	Total	<u>7</u>	<u>9</u>	<u>1</u>	<u>1</u>

Grand Total

11

1

2

27

PUBLIC ABATTOIR

After four consecutive years during which the number of animals slaughtered at the Public Abattoir increased, from 29,269 in 1968 to 36,014 in 1971, the total dealt with during 1972 fell slightly to 34,738. This was in spite of an increase of 12½% in the number of pigs dealt with.

The number of prime beef animals fell by approximately 17% from the previous year's figure in line with the trend away from beef and reportedly due to a world-wide shortage and the consequent higher prices to the consumer. Sheep and lamb numbers also suffered a similar drop from 1971. Many of the lambs on sale in local markets were bought for shipment to continental countries. It seems that there is now a growing body of opinion that the export of live animals to be slaughtered abroad should be prohibited if only for humane reasons.

A total of 47 cattle were slaughtered as part of the Tuberculosis Eradication Scheme of the Ministry of Agriculture, Fisheries and Food, and 61.7% were found on post mortem inspection to be infected with localised tubercular lesions. Not all the tuberculin test reactors found at farms within the county were put through the Public Abattoir, as in some previous years, so it would appear that total eradication of the disease in this part of the country is proving difficult. One case only of tuberculosis in cattle other than "reactors" was found and this was a Hereford steer which proved to be of Irish origin.

Some 20 cattle, mostly from dairy herds, were also slaughtered because of their failure to pass the test for brucellosis.

Towards the end of the year an outbreak of foot and mouth disease was suspected in the West Midlands but, after more similar outbreaks and the slaughter and disposal of livestock on the affected farms, it was diagnosed as a swine vesicular disease. Restrictions, however, on movement, marketing and slaughter under the Diseases of Animals Acts, were applied only to pigs and, at the year's end, although the disease was spreading, the Abattoir was being only marginally affected by it.

In July a new and improved de-hairing machine was installed in the pig dressing department at a cost of £1,100. This replaced a machine which had been in use for some 14 years.

Also in July a slaughterhouse at Gloucester was closed and the business transferred to Cheltenham Abattoir by the wholesale meat company which had previously operated from both.

**CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN
WHOLE OR IN PART AT CHELTENHAM PUBLIC ABATTOIR
Annual Summary ending 31st December, 1972**

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	3,725	171	17	12,436	18,389	34,738
Number inspected	3,725	171	17	12,436	18,389	34,738
No. of T.T. Reactors (see separate table)	15	32	—	—	—	47
Totals excluding TT Reactors	3,710	139	17	12,436	18,389	34,691
All diseases except Tuberculosis and Cysticercus Bovis Whole carcasses condemned	5	8	4	8	68	93
Carcasses of which some part or organ was condemned	818	70	1	465	1,903	3,257
% of the No. inspected affected with disease other than tuberculosis and cysticercus bovis						
Tuberculosis only Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	1	—	—	—	36	37
% of the No. inspected affected with tuberculosis						
Cysticercosis Carcasses of which some part or organ was condemned	5	—	—	—	—	5
Carcasses submitted to treatment by refrigeration	5	—	—	—	—	5
Generalised and totally condemned	—	—	—	—	—	—

There were 5 cases of Cysticercus Bovis during the year, the overall rate of infestation being 0.13%.

**ANIMALS SLAUGHTERED UNDER THE BOVINE TUBERCULOSIS
ERADICATION SCHEME DURING THE YEAR 1972 AT
THE CHELTENHAM PUBLIC ABATTOIR**

	Cows	Bulls	Steers	Heifers	Calves	Total
Total No. of "TT Reactors"	32	—	7	8	—	47
No. of carcasses totally rejected (Generalised Tuberculosis)	—	—	—	—	—	—
No. found to have localised lesions only	21	—	4	4	—	29
% infected with tuberculosis	65	—	57	50	—	61.7

CARCASSES REJECTED AS TOTALLY UNFIT FOR HUMAN FOOD 1972

	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Total
Actinobacillosis, generalised, actinomycosis, generalised	—	—	—	—	—	—	—	—
Anaemia, advanced	—	—	—	—	—	1	—	1
Abscesses, Multiple	—	—	—	—	—	1	12	13
Bruising, extensive and severe	—	1	—	—	—	—	1	2
Cysticercus bovis, generalised	—	—	—	—	—	—	—	—
Cysticercus cellulosae	—	—	—	—	—	—	—	—
Cysticercus ovis, generalised	—	—	—	—	—	—	—	—
Decomposition, generalised	—	—	—	—	—	—	—	—
Emaciation, pathological	—	1	—	—	—	—	4	5
Fever, (including salmonellosis)	—	1	—	1	—	1	3	6
Jaundice	—	—	—	—	—	—	1	1
Moribund	—	—	—	—	—	1	3	4
Metritis, acute septic	—	2	—	—	—	—	1	3
Oedema, generalised	—	—	—	—	1	3	—	4
Pericarditis, acute septic	—	—	—	—	—	—	2	2
Peritonitis, acute, diffuse, septic	—	—	1	—	—	1	8	10
Pleurisy, acute, diffuse, septic	—	—	—	—	—	—	3	3
Pneumonia, acute, septic	—	—	—	—	—	—	3	3
Pyæmia, including joint-ill	—	—	—	1	2	—	2	5
Septicaemia or toxæmia	—	1	1	1	1	—	17	21
Swine erysipelas, acute	—	—	—	—	—	—	6	6
Tuberculosis, generalised	—	—	—	—	—	—	—	—
Tuberculosis, congenital	—	—	—	—	—	—	—	—
Tumours								
(a) Malignant with secondary growths	—	2	—	—	—	—	1	3
(b) Multiple	—	—	—	—	—	—	—	—
Uraemia	—	—	—	—	—	—	1	1

TOTAL WEIGHT OF MEAT AND ORGANS REJECTED 1972

	Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
Bovine								
Meat in Carcass	2	13	1	21				
Meat not in Carcass	—	18	0	26				
Organs and Viscera	3	17	0	11				
TOTAL	7	8	3	2	7	8	3	2
Ovine								
Meat in Carcass	—	3	2	22				
Meat not in Carcass	—	—	2	15				
Organs and Viscera	—	9	1	3				
TOTAL	—	13	2	12	—	13	2	12
Swine								
Meat in Carcass	2	17	2	17				
Meat not in Carcass	1	0	2	22				
Organs and Viscera	2	18	3	8				
TOTAL	6	17	0	19	6	17	0	19
TOTAL CARCASS MEAT	5	14	3	4				
TOTAL ORGANS AND VISCERA	9	4	3	1				
TOTAL	14	19	2	5	14	19	2	5

RODENT CONTROL

Pigeons

The number of pigeons in the town has been reduced quite considerably, some 350 birds being accounted for during 1972.

Rats and Mice

Some mouse infestations have proved difficult to eradicate using Warfarin, but the poison based on alpha-chloralose has proved quite useful. Warfarin is still proving extremely effective against rats.

PREVENTION OF DAMAGE BY PESTS ACT 1949

PART 1 – RATS AND MICE

	<i>Rats</i>	<i>Mice</i>	<i>Total</i>
1. Complaints Received	324	433	757
2. Number of Properties Inspected:			
(a) Following notification:			
Private Dwellings		564	
Business Premises		195	
Local Authority Properties		28	787
(b) For reasons other than notifications:			
Private Dwellings		98	
Business Premises		39	
Local Authority Premises		61	198
3. Number of Premises found to be infested:			
	<i>Rats</i>	<i>Mice</i>	
Private Dwellings	235	256	491
Business Premises	48	134	182
Local Authority Premises	21	25	46
			719
4. Number of Visits Paid:			
(a) For Inspection	542	717	1,259
(b) For Treatment	1156	1732	2,888
			4147
5. Sewer Maintenance Treatments:			
Total number of manholes in Borough			2048
Maintenance Treatment No. 51 (May, 1972):			
Number of sewer manholes baited with poison	307		
Number of sewer manholes where poison bait taken	35		11.4%
Maintenance Treatment No. 52 (November, 1972):			
Number of sewer manholes baited with poison	279		
Number of sewer manholes where poison bait taken	23		8.2%

PART II – OTHER PESTS

1. Complaints Received

<i>Ants Flies</i>	<i>Beetles</i>	<i>Moles Rabbits</i>	<i>Pigeons</i>	<i>Wasps Bees</i>	<i>Foxes</i>	<i>Insects etc.</i>	<i>Total</i>
59	35	9	50	234	1	26	414

2. Number of visits paid:

Inspection	40	35	22	168	123	1	29	418
Treatment	43	39	12	662	221	—	28	1005

